

REQUEST FOR VARIANCE - ELEVATING DEVICES TECHNOLOGY

If this Request for Variance is refused or if a variance is issued to you with terms and conditions that you do not agree with, you may request in writing, that this decision be reviewed by a Safety Manager in accordance with section 49 of the Safety Standards Act.

General Information

Date of Request: _____ Applicant: _____

Company: (where applicable): _____

Address: _____

City: _____ Postal Code: _____ Phone: _____ Email: _____

Technical Safety BC Unit ID No.: _____ Building Name: _____

Site Address: _____ City: _____

Billing Contact: Applicant Elevating Devices Contractor

Has a design registration application been submitted for this unit? Yes No N/A

Details of Variance:

(Check relevant)

Applicable Code Clause(s): _____

Safety Standard Act & EDSR: _____

Safety Officer Certificate of Inspection: _____

Reason for variance request: (Attach separate sheet if required)

Alternative Proposed and Proof of Equivalency. How will equivalent safety be provided?

(Present supporting documents)

**Review:
Licensed Elevating Devices Contractor Review**

Contractor Name: _____ Contractor's Officer Name: _____

Phone: _____ Email: _____

Checking this box and submitting this form to Technical Safety BC **via email** constitutes your authorization. This has the same effect as submitting a handwritten signature.

Signature: _____ Date: _____

Comments:

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Technical Safety BC Elevating Devices Office Use Only

Approved

Rejected

Reviewed By: _____

Title: _____

Phone: _____

Email: _____

Review Date: _____

Comments:

Terms and Conditions:

