

## Request for Variance

**Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A client service representative will contact you within three business days to complete any payment process required.**

**Note:** The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

**This request for variance must only be completed and signed by the person in charge (see *Table of Valid Applicants*) of the regulated work where the variance is being requested. It is an offence to knowingly provide false information on this document.**

*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.*

### Applicant:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Qualification and I.D. # (If applicable) (e.g., TQ/CQ/P.Eng./AscT/Other -- specify) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address (if applicable) \_\_\_\_\_

### Employer Information:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address (if applicable) \_\_\_\_\_

### Location of Variance/Permit Information:

This request for variance is being made for regulated work performed under the following permit (state type of permit, expiry date, permit #):

Complete address where the variance is requested to be in place (if requested for mobile/portable equipment, specify appropriate identification such as serial #, make, etc.):

### Variance Information:

This request for variance is being made in relation to the following type of regulated product (choose one):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Amusement ride     | <input type="checkbox"/> Passenger ropeway | <input type="checkbox"/> Boiler               | <input type="checkbox"/> Boiler system           |
| <input type="checkbox"/> Passenger conveyor | <input type="checkbox"/> Gas equipment     | <input type="checkbox"/> Gas system           | <input type="checkbox"/> Electrical equipment    |
| <input type="checkbox"/> Pressure vessel    | <input type="checkbox"/> Pressure piping   | <input type="checkbox"/> Refrigeration system | <input type="checkbox"/> Refrigeration equipment |

Specific sub-type of the above:

INFORMATION ONLY

Specify applicable regulation/code(s) that variance is sought from:

Identify the safety objectives, by section as specified above, of the applicable regulations and codes:

Specify the alternative means by which it is proposed to meet the safety objectives:

Provide any evidence that the alternative will meet the objectives identified:



*I certify that I am the person in charge of the work described in this request for variance and am authorized to make this request on behalf of my employer. I agree to indemnify and save harmless the Technical Safety BC (the Authority) and the staff of the said Authority against all claims, liabilities, judgments, costs, and expenses of whatsoever kind which may accrue against the said Authority and staff in connection with any work under the authority of this request for variance.*

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:** \_\_\_\_\_

**Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.**