



**Emergency Medical Planning Council
Request for Variance or Waiver**

Requestor: _____

Date: _____

Certificate Holder: _____

Request is for a WAIVER / VARIANCE (check one) from an EMPC Rule. Explain what you are requesting (how you desire to vary from the existing standard, if there are conditions or limits to the waiver/variance or if your desire a Rule waived entirely): _____

List section and subsection from Ordinance 06-9 or Rules and Regulations of the EMPC for which variance or waiver is requested: _____

Specific facts that would justify a variance or waiver: _____

The reason why the variance or the waiver requested would serve the purposes of the Ordinance or the Rule. Why would the variance or waiver serve the purposes of Section 401-25(6) of the Florida Statutes:

The EMPC considered this waiver request at the _____ (date) meeting and it was APPROVED / DISAPPROVED by a vote of _____ to _____.

The Council will make the following recommendation for determination by the Board of County Commissioners: _____

EMPC Chairman

Date

EMPC – Request for Variance or Waiver

I, THE UNDERSIGNED REPRESENTATIVE OF THE ABOVE-NAMED SERVICE, DO HEREBY ATTEST THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION IN THIS REQUEST FOR VARIANCE OR WAIVER IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT (OR REPRESENTATIVE)

DATE

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____ who is personally known to me or
who has produced as identification and who did (did not) take an oath.

OFFICIAL NOTARY SIGNATURE

OFFICIAL NOTARY SEAL