

Please mail all correspondence to:
2520 Venture Oaks Way, Suite 350 Sacramento, CA 95833
OSHSBVariance@dir.ca.gov

A. APPLICANT INFORMATION	OSHSB Docket	
<i>Please complete the following information.</i>	Number (Office use only)	
1. Applicant or Building Owner:		
2. Applicant legal name or DBA (Optional):		
3. Applicant's Person contact:		
4. Address:		
City:	State:	Postal Code:
5. Primary phone:		6. Email address:
7. Preferred method of service: U.S. Postal Service OR Email (Choose one only)		

B. REPRESENTATIVE INFORMATION (if any)		
1. Firm name:		
2. Representative name:		
3. Address:		
City:	State:	Postal Code:
4. Primary phone:		5. Email address:
6. Preferred method of service: U.S. Postal Service OR Email (Choose one only)		

C. HEARING LOCATION PREFERENCE, DURATION and WITNESSES		
1. The Applicant's preferred hearing location is:		
Sacramento	Southern California	Telephonic/online hearing
2. Estimated number of witnesses to be called by the applicant at hearing:		
3. Estimated amount of time the applicant will require to present its case at the hearing:		

NOTICE TO AFFECTED EMPLOYEES—YOU HAVE THE RIGHT:

- To party status and to participate in the variance proceedings.
- To inspect and copy all pleadings at a reasonable time.
- To petition the Occupational Safety and Health Standards Board for a hearing.

D. OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

1. Has the applicant filed an appeal, or is one pending, before the Occupational Safety and Health Appeals Board (OSHAB) regarding the safety orders subject to this variance? Yes No

Docket Nos.: _____ Date Filed: _____ Disposition: _____

E. PERMANENT VARIANCE INFORMATION

1. State all addresses or locations where the variance will be in effect.

☐ Additional Locations added as Attachment E-1.

2. Safety orders that are the subject of the proposed variance.

☐ Group II (sections 3010-3113) ☐ Group III (sections 3120 -3139) ☐ Group IV (sections 3140-3146)

Title 8 sections and subsections:

Consensus Code and Sections (e.g. ANSI, ISO and etc. if applicable):

3. Describe the conditions, practices, means, methods, operations or processes that the applicant will use under this variance. (Attach additional pages as Attachment E-3 if more space is needed.)

☐ Continued on Attachment E-3.

☐ Continued on Attachment E-4.

5. If the applicant is submitting photographs, blueprints or other illustrative materials to document or clarify this application, and those materials are not part of Attachments E-3 or E-4, list those materials (attached as Attachment E-5).

☐ Continued on Attachment E-5.

F. CONTACT INFORMATION and SIGNATURE

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and the applicant will comply with the notification and posting requirements contained in title 8, sections 411.2 and 411.3.

Signature of employer or employer's representative

Date _____

Print name and title

Phone No.

OSHSB PERMANENT VARIANCE FORM INSTRUCTIONS AND INFORMATION

1. Type or print all information clearly.
2. Submit the ORIGINAL of the application form and all attachments.
3. Permanent Variance Procedure guidance: [Permanent Variance Procedures](#)
4. Call the Standards Board at (916) 274-5721 if you require any assistance is needed in completing the application or email OSHSBVariance@dir.ca.gov.
5. Submit the completed Applications may be submitted by email to OSHSBvariance@dir.ca.gov or hard copy application to:
Occupational Safety and Health Standards Board
2520 Venture Oaks Way, Suite 350
Sacramento, CA 95833