



STATE OF CALIFORNIA  
Department of Industrial Relations  
Occupational Safety and Health Standards Board

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

### OSHSB PERMANENT VARIANCE MODIFICATION FORM

A. APPLICANT INFORMATION		OSHSB Docket Number
<i>Please complete the following information.</i>		(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 <b>OR</b> Email <b>(Choose one only)</b>		

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

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. MODIFICATION INFORMATION**

Existing OSHSB Docket Number:

Nature of the desired modification (select one or more of the following):

Acquire the variance from the employer to whom it was issued.

Add to or change the locations listed in the existing variance.

Change the terms or conditions of an existing variance.

Will the applicant comply with the conditions contained in the existing permanent variance that is subject to modification? Yes No

If No, complete the following (E1 through E5):

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.

Title 8 sections and subsections:

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

DEPARTMENT OF INDUSTRIAL RELATIONS  
OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

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.

4. Describe how health and safety equal or superior to the safety orders subject to the proposed variance is/are achieved by E.3. (attach additional pages as Attachment E.4 if more space is needed).

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 MODIFICATION FORM INSTRUCTIONS AND INFORMATION**

1. **Type or print all information clearly.**
2. **Submit the ORIGINAL of the application form and all attachments.**
3. **The signature in Section F on the original application must be in ink (NOT black ink please).**
4. **Permanent Variance Procedure guidance: [Permanent Variance Procedures](#)**
5. **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](mailto:OSHSBVariance@dir.ca.gov).**
6. **Submit the completed Applications may be submitted by email to [OSHSBVariance@dir.ca.gov](mailto:OSHSBVariance@dir.ca.gov) or hard copy application to:**

**Occupational Safety and Health Standards Board  
2520 Venture Oaks Way, Suite 350  
Sacramento, CA 95833**

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**MORE INFORMATION ABOUT CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 8,  
SECTIONS 411.2 AND 411.3 (referred to in Item 6 of this application).**

All applicants should carefully review sections 411.2 and 411.3. Sections 411.2, 411.3 and other relevant provisions may be accessed via [OSHSB Variance Application Regulations](#). The following summary is not legal advice.

- Variance applications related to elevator safety orders: copies of the documents must be given to the building maintenance provider and to the maintenance provider for the conveyance—UNLESS certain conditions are met (they are met if “Yes” is checked in Item 8 of this application and if all the facts stated in Item 8 are true).
- ALL applicants: must give copies of the documents to any “authorized employee representative.”
- Some requirements of sections 411.2 and 411.3 may be met by distributing, in accordance with these bullet points, copies of the docketed application. This application form contains the notice of affected employees’ rights referred to in Section 411.3(a)(2). “Affected employee,” “authorized employee representative” and other terms are defined at section 403.