INSTRUCTIONS:

• Type or print all information clearly.
• Submit 1 original plus 5 copies of the application form and all attachments so there are 6 complete sets.
• The signature in the box after Item 8 on the original application must be in ink (NOT black ink please).
• Call the Standards Board at (916) 274-5721 if any assistance is needed in completing the application.
• Submit the completed application to:

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

1. Name of applicant applying for the modification (the applicant is the employer or conveyance owner—not an employee, agent, contractor, consultant or other such person):

   ___________________________________________________

2. State the Occupational Safety and Health Standards Board File (Docket) No. of the variance to be modified:________________

3. State in detail the nature of the desired modification (if more space is needed, please add any additional pages as Attachment A, which is incorporated herein by this reference):

   ___________________________________________________

   ___________________________________________________

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.
4. If the applicant is submitting photographs, blueprints or other illustrative materials to document or clarify this application, please add those materials as Attachment B.

5. The applicant certifies that the applicant will comply with the notification and posting requirements contained in California Code of Regulations, Title 8, Sections 411.2 and 411.3.

6. The applicant's contact information is as follows:

Name of applicant's contact person: _____________________________________________

telephone: ( ) ________ fax: ( ) ________ e-mail: ________________________________

mailing address: _____________________________________________________________

____________________________________________________________________________

7. The Applicant's preferred hearing location is: ___Sacramento ___Southern California (generally a video conference location).

8. If the applicant wants a representative, such as a consultant or elevator company, to receive communications and act on the applicant's behalf in this variance modification proceeding, please state:

Name of Representative:________________________________________________________

Name of Contact Person: ______________________________________________________

Mailing Address: ______________________________________________________________

____________________________________________________________________________

Telephone: ( ) ________ fax: ( ) ________ e-mail: ________________________________

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____________________________________ Date of Signature: ______________________

Applicant's signature—IN INK—NOT black ink please

City and State where signed: _____________________________________________________

Type or print signer's name: ____________________________________________________

Signer's title: __________________________________________________________________