

**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):**

Docket No.

- 
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.

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- 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: \_\_\_\_\_