

**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 10 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. **Applicant's name and address (the applicant is the employer or conveyance owner—NOT a consultant, agent, contractor, employee, or other such person).**

Docket No.

\_\_\_\_\_

Name

\_\_\_\_\_

Street address

\_\_\_\_\_

City/state/zip code

2. **State the safety orders that are the subject of the proposed variance. List all sections of California Code of Regulations, Title 8, that apply, PLUS applicable ANSI, ASME, NFPA, API or other national consensus standards that are included in the applicable Title 8 sections.**

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

4. **Has the applicant filed an appeal, or is one pending, before the Occupational Safety and Health Appeals Board (OSHAB) regarding the safety orders listed in Item 2?  Yes  No**  
**If "Yes," the OSHAB Docket No. is \_\_\_\_\_.**

5. **State the number of witnesses that the applicant expects to call : \_\_\_\_\_.**  
**State the estimated time needed to present the applicant's case: \_\_\_\_\_.**

**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.

6. 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. More information about Sections 411.2 and 411.3 is found on Page 3 of this application form.
7. Describe the conditions, practices, means, methods, operations or processes that the applicant will use to provide health and safety equal or superior to that provided by the safety orders that are the subject of the proposed variance (attach additional pages as Attachment 7 if more space is needed).
8. Describe how the conditions, practices, means, methods, operations or processes referred to in Item 7 would provide health and safety equal or superior to that provided by the safety orders that are the subject of the proposed variance (attach additional pages as Attachment 8 if more space is needed).
9. 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 7 or 8, those materials are attached as Attachment 9.
10. (Optional) If this application is about conveyances covered by the Elevator Safety Orders, do ALL of the following apply: the building is under construction or otherwise unoccupied, AND neither a maintenance provider for the conveyance nor a building maintenance provider has been retained or designated? \_\_\_ Yes \_\_\_ No

<p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>_____ Date of Signature: _____</p> <p>Applicant's signature—IN INK—<u>NOT</u> black ink please</p> <p>City and State where signed: _____</p> <p>Type or print signer's name: _____</p> <p>(Optional) Signer's title: _____</p>
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Other Information (Optional)

A. Applicant's Contact Person: name: \_\_\_\_\_

telephone: ( ) \_\_\_\_\_ fax: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

mailing address (if different from the address in Item 1 of this application):

\_\_\_\_\_

B. The Applicant's preferred hearing location is: \_\_\_ Sacramento \_\_\_ Southern California.

C. If this application is about conveyances covered by the Elevator Safety Orders, please state:

(a) the number of conveyances: \_\_\_\_\_; (b) number of landings: \_\_\_\_\_; (c) whether the installation contract was signed before, on or after May 1, 2008: \_\_\_\_\_;

(d) the nature of the development: \_\_\_\_\_

D. 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 proceeding, please state:

Name of Representative: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ fax: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

**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, because all applicants must provide the certification stated in Item 6 of this application. Sections 411.2, 411.3 and other CCR provisions about variances may be accessed via <http://www.oal.ca.gov>. Here is a summary of SOME of the requirements of Sections 411.2 and 411.3:

- If this application IS NOT about conveyances covered by the elevator safety orders, and if there are "affected employees," copies of documents specified in Section 411.3 must be posted at the place(s) where notices to employees are usually posted. If this application IS about conveyances covered by the elevator safety orders, those documents need not be posted in this fashion.
- If this application IS about conveyances covered by the 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 10 of this application and if all the facts stated in Item 10 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 some other important terms are defined at CCR, Title 8, Section 403.