STATE OF ALASKA

Department of Labor & Workforce Development

Labor Standards and Safety Division Mechanical Inspection Section

CODE VARIANCE REQUEST

Representative Requesting Variance:

Address:

Phone:

Email:

Equipment Information

Address where project/equipment is located:

Equipment State ID Number (Boiler/Elevator):

Applicable code for equipment:

Code Section for which variance is sought:

Justification for variance request

Provide Statement of facts showing that the applicant is unable to comply with the standard, the alternate steps that the applicant proposes to take in order to substantially comply with the standard, a statement setting out the steps the applicant has taken to abate the hazard covered by the standard, and a statement addressing the effect that a grant of a waiver will have on the physical safety of the persons in, around or operating the device.

Additional documents attached: YES NO (Attach additional pages as necessary)

Printed/Signed name of Requestor:____

Inspector Recommendation

Name:

Recommendation:

__ Date: _____