

## **Georgia Office of EMS and Trauma**Variance Request Form

APPLICATION – PRINT IN INK OR TYPE							
VARIANCE REQUEST – one form per request type				Complete and scan the form to PDF and email it to <a href="mailto:dph-phemsinfo@dph.ga.gov">dph-phemsinfo@dph.ga.gov</a> or mail to the address below.			
Date Submitted:				State Office of EMS and Trauma 1680 Phoenix Boulevard, Suite 200 Atlanta, GA 30349			
PETITIONER							
Name of Petitioner:				Phone Number:			
Street Address or P.O. Box:				Email:			
City:			State:	Zip Code:	County:		
Name of Agency:				Phone Number:			
City:	State:	Zip Co	de:	Name of Authorized Agent:			
Contact Person:			Phone Number:				
Email Address:							
Please complete each of the following	. Additional sl	heets r	nav he atta	sched if needed.			
Rule(s)/Policy from which a variance is requested:							
Lish the constitute of substantial bounds	-:d-:-b	al :aa:£		f			
List the specific facts of substantial hardship, which would justify a variance for petitioner:							

Detail the alternative standards petitioner agrees to meet:				
Detail the alternative standards petitioner agrees to meet.				
List the reasons that such alternative standards would afford adequate protection for the pub	lic health, safety, and welfare:			
List the reasons the variance requested would serve the purpose of the underlying statute upon	on which the Rule(s)/Policy is based:			
	J			
Duration of the variance:				
CERTIFICATION – ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES				
The undersigned certifies that the information contained in this application and all attached documentation is true and correct to the best of my knowledge and belief and that I am in receipt of and will comply with all Federal and State Laws, Department of Public Health Rules and Regulations, and Office of				
Emergency Medical Services and Trauma Policies, as amended, governing EM	io licensees.			
Petitioner's Name:				
Signature:	Date:			

FOR STATE USE ONLY				
Approve or Denied:				
Signature:	Date:			
Comments:				

Form REV 03/20/2023