

Detail the alternative standards petitioner agrees to meet:

List the reasons that such alternative standards would afford adequate protection for the public health, safety, and welfare:

List the reasons the variance requested would serve the purpose of the underlying statute upon which the Rule(s)/Policy is based:

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 EMS Licensees.

Petitioner's Name:

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Signature:

Date:

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FOR STATE USE ONLY

Approve or Denied:	
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Signature:	Date:
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Comments: