



TYPE OF ACTION REQUESTED		Mail application to: State Office of EMS and Trauma ATTN: Personnel Licensure 2600 Skyland Drive - Lower Level Atlanta, GA 30319
(Please check the appropriate box) <div> <input type="checkbox"/> VARIANCE </div> <div> <input type="checkbox"/> WAIVER </div> <div> Date Submitted: _____ </div>		

Name of Petitioner:			Phone Number:	
Street Address or P.O. Box:			Fax Number:	
City:		State:	Zip Code:	County:
Property Location:			Phone Number:	
City:		State:	Zip Code:	Fax Number:
Contact Person:			Phone Number:	
Email Address:				
Attorney or Representative of Petitioner:			Phone Number:	
Email Address:				

Rule(s) from which a variance or waiver is requested:
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[illegible]

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 or waiver requested would serve the purpose of the underlying statute upon which the Rule is based:

Duration of the variance or waiver:

CERTIFICATION

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 Providers.

Petitioner's Name:

Signature:

Date:

Attorney or Petitioner Representative Name:

Signature:

Date: