

WAIVER AND VARIANCE REQUEST FORM

GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA Form L-10-A

APPLICATION – PRINT IN INK OR TYPE					
TYPE OF ACTION REQUESTED			Mail	Mail application to:	
(Please check the appropriate box)				State Office of EMS and Trauma ATTN: Personnel Licensure	
VARIANCE Date Submitted:			2600 Skylar	2600 Skyland Drive - Lower Level	
WAIVER			Atla	nta, GA 30319	
PETITIONER					
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:					
Please complete each of the following. Additional sheets may be attached if needed.					
Rule(s) from which a variance or waiver is requested:					
List the specific facts of substantial hardship, which would justify a variance or waiver for petitioner:					
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Detail the alternative standards petitioner agrees to meet:				
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List the reasons that such alternative standards would afford adequate protection for the public health	a cafaty and walfara			
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List the reasons the variance or waiver requested would serve the purpose of the underlying statute u based:	pon which the Rule is			
Duration of the variance or waiver:				
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CERTIFICATION				
The undersigned certifies that the information contained in this application and all attached documentation is true ar knowledge and belief and that I am in receipt of and will comply with all Federal and State Laws, Department of Public and Office of Emergency Medical Services and Trauma Policies, as amended, governing EMS P	Health Rules and Regulations,			
Petitioner's Name:				
Signature:	Date:			
Attorney or Petitioner Representative Name:				
Signature:	Date:			