APPLICATION TO THE ADMINISTRATOR FOR A PERMANENT VARIANCE FROM A STANDARD OF THE NEVADA OCCUPATIONAL SAFETY AND HEALTH ACT

EMPLOYERS: Upon completing this application, you must:

1. Mail/deliver this application to the address below:
   Chief Administrative Officer
   Occupational Safety and Health Administration
   3360 West Sahara Avenue, Suite 200
   Las Vegas, NV 89102
   Phone: (702) 486-9020, Fax: (702) 990-0358

2. Post a copy of this application on your bulletin board(s) for your employees

3. Furnish a copy to your employees' representative

PLEASE NOTE THAT AN EMPLOYEE REPRESENTATIVE MUST ALSO SIGN THIS APPLICATION ON PAGE 2 WHERE INDICATED

1. Employer's Name (Applicant) ___________________________________________________________
   Address ____________________________________________________________________________
   Phone ___________________________ Fax ____________________________________________

2. Please provide the address of each place of employment for which you seek a permanent variance:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

3. Please identify the specific Safety and Health Standard for which the permanent variance is sought:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. Please provide a description of the conditions, practices, means, methods, operations or processes used or proposed to be used by you which will provide employment and places of employment to your employees which are as safe and healthful as those that would prevail if you (the employer) complied with the Safety and Health Standard:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
5. Please provide a statement showing how the conditions, practices, means, methods, operations or processes used or proposed to be used would provide your employees with employment and places of employment *which are as safe and healthful* as those required by the Standard from which the permanent variance is sought:


6. Please provide a description of the way your employees have been informed of their right to petition the Administrator of the Division of Industrial Relations for a hearing on this application:


EMPLOYER hereby certifies that he has informed his employees of this application by giving a copy of it to the employees' authorized representative, and by posting a copy of the text or a summary of the application at each place where the Employer normally posts notices to his employees.

__________________________
Signature of Employer (or Representative of Employer)

__________________________
Date

**EMPLOYEE REPRESENTATIVE:** I acknowledge that I have been chosen to represent employees in the filing of this permanent variance application and that I have read and understand the contents of this application. (Please note that no supervisory or management employee signatures will be accepted in this section).

Name, job title and address - (PLEASE PRINT):

__________________________
Signature of Employee Representative

__________________________
Date

**NOTE:** AFFECTED EMPLOYEES OF THE EMPLOYER MAY REQUEST A HEARING ON THIS PERMANENT VARIANCE APPLICATION AND HAVE THE OPPORTUNITY TO PARTICIPATE AT HEARING. EMPLOYEES MAY ALSO PROVIDE WRITTEN COMMENTS TO THE OCCUPATIONAL SAFETY AND HEALTH ENFORCEMENT SECTION OF THE DIVISION OF INDUSTRIAL RELATIONS.