

STATE OF NEVADA
Department of Business and Industry
Division of Industrial Relations
Occupational Safety and Health Administration

**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
2300 West Sahara Avenue, Suite 500
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.