

**VARIANCE  
APPLICATION FORM**

**Applicant's Name (Company):** \_\_\_\_\_

**Mailing Address**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Work Email Address \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Work Email Address \_\_\_\_\_

**Address or LSD Location of Proposed Variance** (for more than one location, attach list)

Type of Facility: \_\_\_\_\_

1. Variance Description including Type and Justification (See side 2; attach additional information to this form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Component or System Involved (attach supporting documents as applicable)

\_\_\_\_\_  
\_\_\_\_\_

3. Identify the Regulation, Code or Standard requirement from which the variance is requested.

\_\_\_\_\_  
\_\_\_\_\_

"Where a variance is granted, the applicant, its successors, heirs and assigns accepts full responsibility for any and all damages whatsoever and for injury to any person that may arise as a result of the variance or non-conformity for the conditions specified for the variance, to the complete exclusion of the ABSA and agrees to hold harmless and indemnify the ABSA for any action or claim including third-party claims and attendant costs."

Print Name and Title of Applicant 's Signing Officer

Signature of Signing Officer

Date

**Office Use Only**

Reviewed By: Manager or Designate	Variance Identification Number VA –
Follow Up Required <input type="checkbox"/> Yes <input type="checkbox"/> No Review Date:	
<input type="checkbox"/> Variance Granted <input type="checkbox"/> Variance Declined	Administrator Signature:
Date:	Date:

## Instructions and Application Fees

In accordance with Section 38 of the Safety Codes Act, the Administrator may issue a written variance with respect to any thing, process, or activity to which this Act applies if the Administrator is of the opinion that the variance provides approximately equivalent or greater safety performance with respect to persons and property as that provided for by this Act.

To avoid delays, please provide the following, to the Administrator, along with this completed variance application form. **Note: An officer of the company must sign the application form.**

### 1. Variance Description, Type and Justification

#### Variance Description

Description of the variance requested including the circumstances and reasons which require the variance

#### Variance Types

- a) Permanent (variance remains valid until it is rescinded)
- b) Temporary (variance expires after the requested period is passed)  
For temporary variance application, include period of time requested and steps to be taken during the period.

#### Justification (attach additional information to this form)

- Assessment of every safety risk associated with the variance, based on safety engineering principles and recognized industry standards;
- Description of the measures that are proposed to make the installation equivalent in safety to the level of safety intended by the requirements in the regulation, standard, or code;
- A qualified individual, (e.g. P. Eng.) knowledgeable in the design or operation of the installation, must sign the technical support documents;

### 2. Description of component and system involved

Provide detailed information about the thing, process or activity involved. Attach supporting documents as applicable.

### 3. Identify the Regulation, Code or Standard requirement from which the variance is requested

List all sections of the Safety Codes Act and Regulations that apply to the variance requested.

### 4. Application Fee

**An application fee of \$322.25 per variance is required when submitting the application and is non-refundable.**

The application fee covers the first 2 hours of review. For review time exceeding 2 hours, an additional charge at \$161.20 per hour, in ½ hour increments, will be invoiced following the variance review. Any additional charges must be paid before the variance will be issued.

# Application for a Variance

## 5. Payment

<p><b>Cheque payable to:</b></p> <p>ABSA, the pressure equipment safety authority 9410 – 20<sup>th</sup> Avenue Edmonton, AB T6N 0A4</p> <p><b>N.S.F. Cheques Subject to \$28.75 Fee</b></p> <p><b>Phone:</b> (780) 437-9100 <b>Fax:</b> (780) 437-7787 <a href="http://www.absa.ca">www.absa.ca</a></p> <p><b>email to:</b> <a href="mailto:generalinq@absa.ca">generalinq@absa.ca</a></p> <p><b>Please fax, e-mail or mail application with payment.</b></p>	<p>Amount: \$ _____ Cash** <input type="checkbox"/>, Cheque <input type="checkbox"/>, MC <input type="checkbox"/>, Visa* <input type="checkbox"/>, Debit** <input type="checkbox"/>, AMEX <input type="checkbox"/></p> <p><b>*Debit Visa, Debit MasterCard, Cash and Debit accepted in person only (Edmonton and Calgary ABSA Offices).</b></p> <p>Cardholder Name: _____</p> <p>Card Number: _____</p> <p>Expiry Date: _____ (mm/yy)</p> <table border="1"><tr><td><b>ABSA Use only Auth. #</b></td><td>_____</td></tr></table> <p>Cardholder Signature: _____</p>	<b>ABSA Use only Auth. #</b>	_____
<b>ABSA Use only Auth. #</b>	_____		

An application for a Variance can only be considered by ABSA after receipt of all relevant information. Please note that permission in writing must be received by the applicant from the Administrator or his delegate, and the appropriate fees paid by the applicant to ABSA, prior to implementing the variance. If you require assistance in completing this application, please call (780) 437-9100.