

Please attach this completed cover sheet to your submission package.

**Employer information** Please provide the following required information.

Employer's legal name		Contact name	Employer WorkSafeBC account#	
Mailing address			Province	Postal code
Phone number	Email address	Regulation(s) referenced		

**Notice of application**

As required by [section 167](#) of the *Workers Compensation Act*, please confirm the following notice of application requirements have been met:

- The variance submission has been posted at the workplace. Date posted (yyyy-mm-dd)  
If not posted, please explain:
- A copy has been provided to the joint health and safety committee or the worker health and safety representative. Date provided (yyyy-mm-dd)  
If not, please explain:
- A copy has been sent to the relevant union(s). Date sent (yyyy-mm-dd)  
If not, please explain:
- If the workplace is not yet in existence, a copy of the variance has been published where it would reasonably be expected to come to the attention of persons who might be affected. Date sent (yyyy-mm-dd)  
If not published, please explain:

## Contact information for affected parties

Joint health and safety committee (or check here if not applicable: )

Employer co-chair name	Phone	Email address
Worker co-chair name	Phone	Email address

Worker health and safety representative (or check here if not applicable: )

Representative name	Phone	Email address
---------------------	-------	---------------

Union (or check here if not applicable: )

Union name	Local	
Union business agent or representative (not a shop steward or union member at job site)	Phone	Email address

## Submission contents

Ensure your submission includes the following components:

- This completed cover sheet
- A signed letter (on company letterhead) requesting the variance
- A description of the requested variance, with reference to the section(s) of the Occupational Health and Safety Regulation proposed for modification
- The specific location(s) of the workplace relevant to the variance
- The type and nature of the work process(es) relevant to the variance
- A detailed justification for the request, including reasons why it is unreasonable for you to comply with the regulatory provision(s) to support the request
- A description of how the proposed request meets or exceeds the level of protection to workers afforded by the Regulation
- Details of how workers will be trained and supervised
- Other relevant information (safe work procedures, diagrams, specifications, etc.)

## Submit your completed package by mail or email to:

### WorkSafeBC

Prevention Practices and Quality  
PO Box 5350 Stn Terminal  
Vancouver BC V6B 5L5  
varohs@worksafebc.com

If you need assistance you can use the above email address, or call:  
604.231.8644 | 1.888.621.7233 toll-free  
A variance request will typically take 60 to 90 days, or longer, to complete.  
For more information, visit  
[worksafebc.com/variances-acceptances](https://www.worksafebc.com/variances-acceptances)