

Please attach this completed cover sheet to your submission package.

Employer information Please provide the following required information.

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

Notice of application

As required by [section 63](#) 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
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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 Practice, Quality, and Engineering
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)