STATE OF ALASKA
Department of Labor & Workforce Development
Labor Standards and Safety Division
Mechanical Inspection Section

CODE VARIANCE REQUEST

Representative Requesting Variance:
Address:
Phone:
Email:

Equipment Information
Address where project/equipment is located:
Equipment State ID Number (Boiler/Elevator):
Applicable code for equipment:
Code Section for which variance is sought:

Justification for variance request

[Blank lines for justification]

Inspector Recommendation
Name:
Recommendation:

Provide Statement of facts showing that the applicant is unable to comply with the standard, the alternate steps that the applicant proposes to take in order to substantially comply with the standard, a statement setting out the steps the applicant has taken to abate the hazard covered by the standard, and a statement addressing the effect that a grant of a waiver will have on the physical safety of the persons in, around or operating the device.

Additional documents attached: YES  NO (Attach additional pages as necessary)

Printed/Signed name of Requestor: ___________________________ Date: ____________