**­­­ VARIANCE**  **EXEMPTION**

|  |  |
| --- | --- |
| Date: | |
| Name of Agency: | Agency Number: |
| Address: |  |
| Primary Phone: | Secondary Phone: |
| Email Address: | |
| Section(s) of the applicable Rules & Regulations: | |
| Reason for the Request, including any extenuating circumstances (be specific): | |
| Submit written documentation for any matters related to medical situations (including proof of medical treatment from a physician) or military mobilizations.  If variance, period of time needed to complete requirements: | |

Name Authorized Agent Completing form:

Signature

**Form Completion Check Sheet**

1. Form completed in its entirety and signed:  Yes  No
2. Supporting documentation for request:  Yes  No
3. Approval from local governing body or from chief administrative officer:  Yes  No

*Code of Virginia* § 32.1-111.9 Applications for variance or exemptions

(<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.9>)

IMPORTANT

A. Form must be completed in its entirety, submitted and received by OEMS prior to the expiration of the agency license.

B. Failure to complete this form in its entirety will delay the processing of the request.