

**APPLICATION FOR APPROVED ALTERNATIVE OR VARIANCE /
CONVEYANCE SAFETY ACT**

Neb. Rev. Stat. § § 48-2501 – 48-2533 (Cum. Supp. 2006)

GENERAL INFORMATION

Name (last, first, middle initial)

Social Security No. ‡

Residence: Street Address

City, State, Zip

Business: Street Address

City, State, Zip

Home Phone #

Work Phone #

Cell. #

Fax #

‡ Note: Social Security numbers on application shall not be made public or be considered a part of a public record.

Please indicate below whether you are:

Licensed Elev. Contractor	Licensed Elev. Mechanic	Contractor	Architect	Owner	Mgmt. Co.	Other (please state)
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DESCRIBE condition for which alternative is sought 1. physical location of conveyance, (from certificate of inspection) certificate #, State #, manufacturer, date of last inspection; 2. explain problem; be as specific as possible, by location and equipment: e.g., car platform, hoistway wiring, guide rail clearance, suspension system, operating devices, etc.); 3. State why this condition cannot be corrected under currently applicable codes, standards, statutes and regulations. (Use additional space on page 2 if necessary.)

Note: Please Provide Copies of Relevant Documentation in Support of Your Explanation.

EXPLAIN WHY it is necessary to grant an alternative or variance.

