

**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)
_____	_____	_____	_____	_____	_____	_____

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.

CERTIFICATION

I am the applicant submitting this Application for Approved Alternative or Variance under the Conveyance Safety Code. The information contained herein is true and correct. Based upon my own personal knowledge and/or upon information and documentation that I have obtained, I certify that the safety of those riding in or using this conveyance will not be compromised by granting the alternative or variance requested.

Signature

Date

Typed or Printed Name (last, first, middle initial)

ADDITIONAL COMMENTS (if necessary)

