



**Commonwealth of Massachusetts**  
**Division of Occupational Licensure**  
**Office of Public Safety & Inspections**

1 Federal Street – Suite 0600 – Boston – MA 02110-2012

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**APPLICATION FOR VARIANCE**

**RECREATIONAL TRAMWAY BOARD**

**Pursuant to 526 CMR 10.12**

Applicant

License Number

D/B/A

Fax Number

Street Address Number and Name

Telephone Number

City/State/Zip Code

Email Address

Please indicate each section of the regulation and/or ANSI standard for which a variance is being requested.

526 CMR \_\_\_\_\_ ANSI \_\_\_\_\_

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In accordance with 526 CMR, Section 10.12, the applicant must complete this form and attach supporting documentation demonstrating that full compliance with this regulation is overly burdensome and that the requested relief will not compromise public safety.

Please briefly explain reason for variance request. \_\_\_\_\_

Is documentation in support of meeting the threshold of public safety attached? ☐ Yes ☐ No

**CERTIFICATION**

I hereby certify, under penalty of law, that this document and all attachments are true and accurate to the best of my knowledge.

Signature of Applicant

Print Name of Applicant

Date

Please send applications and all accompanying material to:

**Division of Occupational Licensure**

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Recreational Tramway Board

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