



**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
APPLICATION FOR A VARIANCE FROM 520 CMR 6.00**

Please send application to:
Division of Professional Licensure: Office of Public Safety and Inspections, Engineering Division
1000 Washington Street, Suite 710, Boston, MA 02118

Any person who believes that full compliance with 520 CMR 6.00 is overly burdensome may apply to the Office for a variance from 520 CMR 6.00. The burden is on the applicant to demonstrate in writing to the Office that the granting of the variance would not compromise public safety or otherwise undermine the purpose of 520 CMR 6.00, pursuant to 520 CMR 6.13.

Full Name: _____ Hoisting License: _____
(first name) (middle Initial) (last name)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

Phone #: _____ Email Address: _____

Please state each section of the regulation for which a variance is being sought:

520 CMR 6. _____ 520 CMR 6. _____ 520 CMR 6. _____ 520 CMR 6. _____

The applicant must complete the form and provide and documentation that demonstrates that the granting of the variance would not compromise or otherwise undermine the purpose of 520 CMR 6.00

Please provide an explanation below for the request of a variance: (Please attach additional pages if necessary)

Is there documentation that supports the variance attached to this request? YES NO

CERTIFICATION:

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

 Signature of Applicant Printed Name Date