



Colorado Department of Labor and Employment  
Division of Oil and Public Safety – Conveyance Program  
633 17<sup>th</sup> Street, Suite 500  
Denver, CO 80202-3610

Phone: 303-318-8550  
Fax: 303-318-8534  
Email: [cdle\\_conveyance@state.co.us](mailto:cdle_conveyance@state.co.us)  
Web: [www.colorado.gov/ops](http://www.colorado.gov/ops)

## Variance (Alternate Materials and Methods) Request

(Revised 1/2017)

The [Conveyance Regulations](#) allow the Division of Oil and Public Safety Conveyance Program (OPS) to grant the use of alternate materials and methods, on a case-specific basis, for the implementation requirements. The submission of this form does not relieve a person from complying with the standards adopted in statute or regulation unless OPS approves the use of the proposed alternate materials and methods. Submit this completed form and any related materials to OPS at the address listed above.

*Please note: a conveyance may not be installed or operated without OPS approval of a Conveyance Registration Notice form and a Conveyance Permit Application. These forms are available on the [Conveyance Forms](#) webpage.*

### Facility Information

|                 |  |          |  |      |  |
|-----------------|--|----------|--|------|--|
| Facility Name:  |  |          |  |      |  |
| Street Address: |  | City:    |  | ZIP: |  |
| Contact Name:   |  | Phone #: |  |      |  |

### Contractor Information

|                  |  |            |  |        |  |
|------------------|--|------------|--|--------|--|
| Contractor Name: |  | License #: |  |        |  |
| Address:         |  | City:      |  | State: |  |
| Contact Name:    |  | Phone #:   |  |        |  |

### Equipment Information

*List the name, conveyance type and general specifications for the equipment included in this request in the space provided below.*

### Alternate Materials and Methods Information

*List the code, code year, specific code section, deviations from code and proposed materials and methods that are equivalent or superior to code requirements in the space provided below.*

### Attached Documents

*List the names of all of the documents attached to this application in the space provided below.*

### Contractor Certification

I certify all statements are true to the best of my knowledge and that all work shall be performed according to The Elevator and Escalator Certification Act (§ 9-5.5-101 through 120 C.R.S.) and associated regulations. In addition, I certify that only alternate materials and methods will be used or implemented if approved by OPS.

|                       |  |       |  |
|-----------------------|--|-------|--|
| Contractor Signature: |  | Date: |  |
|-----------------------|--|-------|--|