



OCCUPATIONAL HEALTH & SAFETY DIVISION
Application For Deviation

Form # 301 Date issued: 01/06
Form Revision date: 02/06
Approved by: Jim LeBlanc, Director

The attached form may be filed with the Director of Occupational Health and Safety. The completed form must be delivered to:

**Director,
Occupational Health and Safety Division,
Nova Scotia Department of Environment and Labour,
6th Floor, 5151 Terminal Road,
Halifax, Nova Scotia**

or

**Director,
Occupational Health and Safety Division,
Nova Scotia Department of Environment and Labour,
P.O. Box 697,
Halifax, N. S., B3J 2T8.**

Please complete the form legibly and attach any documentation required to support the request for the deviation including technical information and copies of notices that indicate that consultation has occurred with the parties that may be affected by a decision regarding the deviation.

Application For Deviation

1(a). Applicant's name:
(organization or individual who is applying):

Address:

Phone number: _____ **Fax number:** _____

1(b). Employer name (if not applicant):

Address:

Phone number: _____ **Fax number:** _____

- 2. I certify that I have complied with:**
- (i) Section 83(4) and (8) of the *Act*
 - (or)
 - (ii) Section 83(5) of the *Act*.

8. I, _____, hereby declare that:
(print name)

I am the _____ and hereby certify that my
(print position or office, if appellant is not an individual)
statements in this application are true and correct to the best of my knowledge and
belief.

(Signature)

Signed at _____, Nova Scotia,

_____, 20 _____.
(Date)

**REMEMBER TO ATTACH ANY DOCUMENTATION WHICH SUPPORTS
THE DEVIATION WHICH IS BEING APPLIED FOR**