

# Northwest Community EMS System VARIANCE REQUEST

Date Submitted:	EMS Agency:
Applicant name:	Address:
Phone:	Fax:
Situation Necessitating Variance: (explain hardship including a description of how you have attempted to comply with the standards):	
Time Requested: From	To:
Explain how the waiver will not reduce the standards of care established by the EMS Act or the EMS Medical Director:	

## To Be Completed by the EMS Medical Director / designee

Date Received:	Determination: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Authorized from:	to:
Alternate requirements which the waiver applicant shall meet; any procedures or timetable which the waiver applicant shall follow in order to achieve compliance with the waived standard/regulation.	
If denied - rationale:	
Communicated to:	by:
Signature:	Date: