

**MINOR VARIANCE APPLICATION**  
**Made Under**  
**Section 28 of the Technical Safety Act &**  
**Section 23 of the Technical Safety General Regulations**

Labour, Skills and Immigration  
 Technical Safety Division  
 PO Box 697, Halifax NS B3J 2T8 1  
 800 9-LABOUR / 1 800 952 2687  
 or 902 424 5400  
[SafetyBranch@novascotia.ca](mailto:SafetyBranch@novascotia.ca)

*BOILER & PRESSURE EQUIPMENT*  
 *POWER ENGINEERS*

*FUEL SAFETY*  
 *CRANE OPERATORS*

**Clear Form**

You must be able to demonstrate that granting this minor variance will meet or exceed regulatory expectations with respect to a code or standard of compliance. *Please attach additional pages as required and reference the section number.*

<b>CONTACT INFORMATION</b>	
Applicant's Full Name:	Title:
Company Name:	
Company Mailing Address:	
City / Town:	Postal Code:
Business Telephone:	Business Email:
Applicant is the owner of the property, thing, or activity:      Yes <input type="radio"/> No <input type="radio"/>	

<b>PRODUCT, THING OR ACTIVITY DETAILS</b>	
Regulated product or work:	NSIN #: (if applicable)
Civic address of the location of the property, thing or activity:	
City / Town:	Province: <b>NS</b> Postal Code:

<b>SECTION 1</b> Variance Identification	<ul style="list-style-type: none"> <li>Identify the section of the Act, Regulations under the Act or standard, including the edition date, that the minor variance is for.</li> </ul>
	<ul style="list-style-type: none"> <li>Provide details on the requested minor variance.</li> </ul>
	<ul style="list-style-type: none"> <li>Provide reason why the minor variance is being requested.</li> </ul>
<ul style="list-style-type: none"> <li>Explain how the requested minor variance will result in the same or a greater level of technical safety, as required for granting a minor variance under subsection 28(2) of the Act.</li> </ul>	

The personal information you provide to the Technical Safety Division of the Department of Labour, Skills and Immigration is collected under the authority of the *Freedom of Information and Protection of Privacy Act*. The information will be used to identify the business location, for correspondence, and to administer the *Technical Safety Act* and regulations. We will not disclose your personal information unless required by law.

<b>SECTION 2 Risk Assessment</b>	<ul style="list-style-type: none"> <li>Provide an assessment of the risk associated with leaving the equipment / installation in a state which is not in compliance with the document described in <a href="#">Section 1</a> above. (Assessment must be based on safety engineering principles, recognized industry practice, or methodologies that conform to internationally recognized codes of practice or standards).</li> </ul>
<b>SECTION 3 Mitigating Measures</b>	<ul style="list-style-type: none"> <li>Proposed measures to make the equipment / installation equivalent in safety, or to the same level of conformance required by the Regulations, Codes or Standards.</li> </ul>
<b>SECTION 4 Documentation Enclosed</b>	<ul style="list-style-type: none"> <li>Please list the documentation you have enclosed which supports your application.</li> </ul>
<b>SECTION 5 Fee</b>	<ul style="list-style-type: none"> <li><b>FEE MUST BE SUBMITTED WITH THIS APPLICATION!</b></li> </ul> <p>Pursuant to Subsection 4(4) of the <i>Technical Safety Fee Regulations</i>, the fee for an application for a minor variance is \$22.25.</p> <p>→ <b>PAYMENT:</b> By <b>Cheque</b> or <b>Money Order</b> <u>only</u> and made payable to the “<b>Minister of Finance</b>”.</p>
<b>SECTION 6 Applicant Statement</b>	<ul style="list-style-type: none"> <li>Where the minor variance is granted, the applicant accepts full responsibility for all damages and to the health and/or safety of any person that may arise in consequence from allowance of the variance or non-conformity with the conditions specified, the complete exclusion of the Technical Safety Division, Labour, Skills and Immigration, and holds it harmless from third- party claims and attendant costs.</li> </ul>
	<p>_____</p> <p>SIGNATURE</p>
	<p>_____</p> <p>DATE</p>

**Return completed form to address at the top of Page 1.**

<b>OFFICE USE ONLY</b>	
<b>SECTION 7 Approval</b>	<p>APPROVED:      Yes <input type="checkbox"/>                      Yes with Conditions <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>CONDITIONS:</p> <p>COMMENTS:</p>
	<p>_____</p> <p>CHIEF INSPECTOR (print)</p>
	<p>_____</p> <p>CHIEF INSPECTOR SIGNATURE</p>
	<p>_____</p> <p>DATE</p>
	<p>_____</p> <p>FILE #</p>