



VARIANCE APPLICATION FORM
RULES AND REGULATIONS GOVERNING SCHOOLS
IN THE STATE OF COLORADO (6 CCR 1010-6)

This form is not intended for restricted or prohibited chemicals.

Application Date: _____

I. APPLICANT INFORMATION

Name: _____ Title: _____
 Phone Number: _____ Email: _____

II. SCHOOL INFORMATION

Name: _____ Address: _____
 Principal Name: _____ City and Zip Code: _____
 Principal Email: _____ County: _____

III. VARIANCE REQUEST INFORMATION

Applicable section of the regulations for which the variance is requested: _____
 Reason for variance request:

Supporting information (use additional pages if necessary):



V. CERTIFICATION

This School Regulation Variance Request was completed and signed by the applicant.

I certify under penalty of law that this document and all attachments were prepared by myself or under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Applicant Signature: _____ Date: _____

Print Name: _____

Principal Signature: _____ Date: _____

Print Name: _____

Submit to:

Colorado Department of Public Health and Environment
Division of Environmental Health and Sustainability
4300 Cherry Creek Drive South, DEHS-A2
Denver, CO 80246-1530

AND Local Health Department

