



RULES FOR CONVEYANCE VARIANCE REQUEST ARKANSAS DEPARTMENT OF LABOR AND LICENSING ELEVATOR SAFETY BOARD

010.05-016 Variances

A. Generally

Ark. Code Ann. § 20-24-106(d) authorizes the board in any particular case to grant exceptions and variances which shall only be granted where it is clearly evident that they are necessary in order to prevent undue hardship or where the existing conditions prevent compliance with the literal requirements of the rules and regulations. In no case shall any exception or variation be granted unless, in the opinion of the board, reasonable safety will be secured thereby.

B. Application and Approval

1. An application for a variance shall be complete and shall be submitted by the owner or a licensed elevator contractor on behalf of the owner to the department on a form approved by the department. The application shall be accompanied by the following:

- a. detailed plans and specifications as required by Rule 010.05-011 or 010.05.012 herein;
- b. a fee of one hundred dollars (\$100.00); and
- c. citation to the specific standard(s) from which a variance is sought.

2. Failure to submit the items required by Rules 010.05- 016 (B)(1) above shall result in summary dismissal of the variance request or application.

3. The department shall review the application for variance and its attachments. The department may conduct an on-site inspection. The department shall prepare a staff report and recommendation which shall include a copy of any inspection report and copies or citations to any applicable ASME Code standards.

4. The department shall notify the applicant for the variance of the date, time, and place of the hearing before the board on the application for a variance. Such notice shall include a copy of the department's staff report and recommendation.

5. After hearing, the board shall grant or deny the variance. The board may grant a variance conditioned upon the provision of alternate means of providing for public safety, or may grant a variance for a limited time only.

6. If the board grants a variance, an order shall be issued by the board. Such an order shall reflect the following:

- a. the name of the petitioner;
- b. the state number, or AS number, assigned by the department if it is an existing conveyance;
- c. the type of equipment for which it is issued;
- d. the owner or lessee on whose behalf the variance is sought;
- e. the location of the elevator, escalator, or dumbwaiter or other conveyance; and
- f. any conditions imposed by the board.

C. The owner or lessee shall maintain the variance order at the location of the conveyance and make it accessible to any licensed elevator inspector.



ELEVATOR SAFETY BOARD
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
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APPLICATION FOR VARIANCE

Applicant Name:		Date:	
Mailing Address:		City:	State: Zip:
Phone:		Cell:	
Email Address:			
Owner (If different from applicant):			
Address:		City:	State: Zip:
Owner Email Address:			
Location Building Name:			
Building St. Address:		City:	State: Zip:
Conveyance Location in Structure:			
Conveyance Type: <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Dumb Waiter <input type="checkbox"/> Workman's Hoist <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Moving Walk <input type="checkbox"/> Material Lift			
Conveyance Classification: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Service			
Manufacturer:		Manufacturer #:	AS#:
Reason for Variance; Provide a detail description for variance including all specific standards, ASME, NFPA or other Code or Statute references:			
(Attach separate sheet for additional details)			

Incomplete applications or applications without payment will be returned for completion.

Variance Application Fee \$100.00

Applicant Name (printed):

Date:

Signature:

FOR DEPARTMENT USE ONLY:

Received By:	Date:	Hearing Date:
Reviewed By:	Staff Recommendation:	Approved Deny
Reason for Approval/Denial		
Board Decision:	Approved Denied	Date:
Payment Type:	Check # Credit Card Transaction#	Order #:
		Processed By:

