Manitoba
Inspection and Technical Services
508-401 York Avenue
Winnipeg Manitoba Canada R3C 0P8
Phone: (204) 945-3373
Web: https://www.gov.mb.ca/labour/its

ITS ES Form 12
Application for Variance
The Technical Safety Act

General Information

APPLICANT COMPANY NAME	CONTACT NAME	PHONE NO.	EMAIL ADDRESS

APPLICANT MAILING ADDRESS

INSTALLATION COMPANY	CONTACT NAME	PHONE NO.	EMAIL ADDRESS

Equipment Information

MANUFACTURER	CONTACT NAME	PHONE NO.	EMAIL ADDRESS

INSTALLATION ADDRESS (address where equipment is to be located)	BUILDING NAME

DESCRIPTION OF EQUIPMENT	DRAWING NO.	CERTIFYING AGENCY
	MODEL NO.	SERIAL NO.

Varied Code, Standard or Regulation

CODE, STANDARD, or REGULATION NAME:	EDITION	DATE OF REQUEST

CLAUSE(s)

Reason for Variance (Reference supporting documentation, including drawings or schematics)

- ☐ Equivalent method proposed, or
- ☐ Proposed method exceeds current requirements, or
- ☐ The use, other than the standard use, of the regulated equipment being proposed by the person.

Document Checklist

- ☐ Completed Applicable ITS Installation Permit/Application form
- ☐ Variance Letter, stamped and sealed by a Manitoba Professional Engineer
- ☐ Supporting Variance Documentation: Drawings, Calculations, Risk Assessment, Testing Procedures, Referenced text, etc.

Declaration of the Design Professional

- I am a licensed Professional Engineer registered to practice in the Province of Manitoba.
- The proposed variance proposal will assure safety equivalent to that which would be provided by conformance to the corresponding requirements of the Code.
- I agree to indemnify and hold Inspection and Technical Services (ITS) harmless from any and all damages, actions, suits, claims, or losses arising from the granting of this variance. In the event of claims made against ITS that granted this variance, I, as the designer, accept the responsibility to defend such actions and to assume any associated costs, whether legal or otherwise, for the defense or settlement of such claims. Please note that failure to comply with any of the terms and conditions of the variance will render the variance void.
- This variance application is specific to this project and will not establish a precedent for acceptance of variance applications on other projects.

NAME OF PROFESSIONAL ENGINEER	ENGINEERING COMPANY	SIGNATURE	DATE

NAME OF OWNER / REPRESENTATIVE	COMPANY	SIGNATURE	DATE

INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY

DATE RECEIVED	VARIANCE REVIEW FEE	◯ APPROVED ◯ REJECTED	REVIEWER	DATE APP / REJ

COMMENTS (reason for rejection, etc.)