

**APPLICATION FOR VARIATION**

**\$75 Non-Refundable Fee Required**

Name: _____		
Last name	First Name	Middle Initial
Driver's Licence Number: _____	Date of Birth: _____	
	Month	Day Year
Telephone Number: _____	Email address: _____	
<b>CHANGE OF CONDITIONS</b> (check all that apply):		
Please attach the required <i>Supplemental Information Sheet</i> and support documents.		
<input type="checkbox"/> Address ONLY <input type="checkbox"/> Name ONLY (eg: School, Employment)		
Current Condition(s) that will be changed:		
Reason for the change in conditions:		
<input type="checkbox"/> New employer	<input type="checkbox"/> Other _____	
<input type="checkbox"/> New hours		
<b>ADDITION OF CONDITIONS</b> (check all that apply):		
Please attach the required <i>Supplemental Information Sheet</i> and support documents.		
<input type="checkbox"/> Work	<input type="checkbox"/> Medical	
<input type="checkbox"/> Day Care	<input type="checkbox"/> Child Access (Visitation)	
<input type="checkbox"/> School	<input type="checkbox"/> Add to/from work	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Family related responsibilities	
<b>REMOVAL OF CONDITIONS:</b>		
What is the condition you are asking to remove:		

You must submit a new abstract dated within 15 days of the date you submit this application.

Please retain copies of submitted documents for your records.