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(785) 564-6700

Kansas
Department of Agriculture
agriculture.ks.gov

900 SW Jackson, Room 456
Topeka, Kansas 66612
(785) 296-3556

Jackie McClaskey, Secretary

Governor Sam Brownback

VARIANCE REQUEST FORM

Facility Name:_____

Facility Code_____Serial Number of Device _____

Physical Address of Device: _____

City:_____Zip Code: _____

Phone: ( )_____Email: _____

Attach the following to this form:

1) The specific variance request you are making.
2) Reason/justification for requesting variance.
3) Scaled drawing showing proposed physical changes.
4) Any additional relevant information.

Should the variance be approved, the Department of Agriculture may impose an expiration date for the variance and other conditions to ensure the accuracy of the device. Other conditions may include but will not be limited to alternative construction, maintenance requirements, and reduced testing intervals (e.g. two times annually).

X	X
Applicant Name (Print): X	Owner Signature
Applicant Signature	Date
Variance drawing attached ☐	**BELOW FOR OFFICE USE ONLY**

Special Conditions Imposed:

Variance Expiration ☐ No ☐ Yes Date Expires _____

☐ Approved ☐ Not Approved KDA Technical Specialist	☐ Approved ☐ Not Approved KDA Program Manager