

KANSAS DEPARTMENT OF AGRICULTURE  
WEIGHTS AND MEASURES  
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):	Owner Signature
-------------------------	-----------------

X	
---	--

Applicant Signature	Date
---------------------	------

Variance drawing attached <input type="checkbox"/>	<b>BELOW FOR OFFICE USE ONLY</b>
--	----------------------------------

Special Conditions Imposed:

Variance Expiration  No  Yes Date Expires \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
---	---

KDA Technical Specialist

KDA Program Manager