VARIANCE APPLICATION FORM
RULES AND REGULATIONS GOVERNING THE HEALTH AND SANITATION OF CHILD CARE FACILITIES
IN THE STATE OF COLORADO (6 CCR 1010-7)

Application Date: ____________________

I. APPLICANT INFORMATION
   Name: ______________________________ Title: ________________________________
   Phone Number: ________________________ Email: ________________________________

II. CHILD CARE FACILITY INFORMATION
   Name: ______________________________ Address: ______________________________
   Provider Name: ________________________ City and Zip Code: ______________________
   Provider Email: ________________________ County: ______________________________

III. VARIANCE REQUEST INFORMATION
   Applicable section for which the variance is requested: ______________________________
   Reason for variance request: ______________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   Supporting information (use additional pages if necessary): __________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

DEHS USE ONLY
Date: _______________ Firm ID #: ____________
Variance #: ___________ Disposition: ___________
IV. CERTIFICATION

This Child Care Facility Variance Request was completed and signed by the applicant.

I certify under penalty of law that this document and all attachments were prepared by myself or under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Applicant Signature: __________________________ Date: __________________________
Print Name: _________________________________

AND/OR

Provider Signature: __________________________ Date: __________________________
Print Name: _________________________________

Submit to:
Colorado Department of Public Health and Environment
Division of Environmental Health and Sustainability
DEHS-A2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

AND
Local Health Department