



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

<u>DEHS USE ONLY</u>	
Date: _____	Firm ID #: _____
Variance #: _____	Disposition: _____

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): _____



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

