



**VARIANCE REQUEST FORM**

**IC 22-14-2-7.5 Vacancies; orders**

- Sec. 7.5. (a) The department may grant a variance to a rule the education board has adopted.
- (b) The education board is the ultimate authority for orders issued under this section.

This packet is to be completed by the applicant and submitted to the Indiana Fire and Public Safety Academy at [firefighterboard@dhs.in.gov](mailto:firefighterboard@dhs.in.gov).

**A. Student name and variance requested**

|   |                            |             |
|---|----------------------------|-------------|
| Applicant Printed Name (Last, First, MI)                          | Date of Birth (MM/DD/YYYY) | PSID Number |
| What is the fire certification you are requesting a variance for? |                            |             |

**B. Candidates also shall meet any prerequisite(s) for the level for which they are applying for certification.**

List the prerequisite(s) below and describe how you meet it:

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**C. Additionally, the candidate shall provide:**

1. A completed practical skills evaluation checklist for each level of fire certification for which you are requesting a variance.
2. Copies of all documentation to be considered with the request.
3. Copies of any certifications you claim.

**D. Please provide an explanation of how compliance with the rules and regulations of the Board of Firefighting Personnel Standards and Educations creates a hardship for you. Please be specific in your explanation.**

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**E. Student Signature**

By placing my signature below, I attest, under penalty of perjury, each statement on this form is true and correct to the best of my knowledge at the time and date of submission of request.

|                |                       |
|----------------|-----------------------|
| Applicant Name | Applicant PSID Number |
|----------------|-----------------------|

**F. Fire and Public Safety Academy Review Section**

*Reviewed by:*

*Date:*

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**Academy Recommendations**

Approved

Denied

If recommending denial, please explain:

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