

EMS VARIANCE/EXEMPTION APPLICATION FOR AGENCIES
VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
(Please print or type all information)

VARIANCE **EXEMPTION**

Date: [Click here to enter a date.](#)

Name of Agency: [Click here to enter text.](#)

Agency Number: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Primary Phone: [Click here to enter text.](#)

Secondary Phone: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Section(s) of the applicable Rules & Regulations:

[Click here to enter text.](#)

Reason for the Request, including any extenuating circumstances (be specific):

[Click here to enter text.](#)

Submit written documentation for any matters related to medical situations (including proof of medical treatment from a physician) or military mobilizations.

If variance, period of time needed to complete requirements: [Click here to enter text.](#)

Name Authorized Agent Completing form:

[Click here to enter text.](#)

Signature

Health Department Use Only:

Date Received: _____

Reviewed By: _____

EMS 6037 Revised: 06/2011

EMS VARIANCE/EXEMPTION APPLICATION FOR AGENCIES
VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
(Please print or type all information)

Form Completion Check Sheet

1. Form completed in its entirety and signed: Yes No
2. Supporting documentation for request: Yes No
3. Approval from local governing body or from chief administrative officer: Yes No

Code of Virginia § 32.1-111.9 Applications for variance or exemptions

(<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.9>)

IMPORTANT

- A. Form must be completed in its entirety, submitted and received by OEMS prior to the expiration of the agency license.
- B. Failure to complete this form in its entirety will delay the processing of the request.

Health Department Use Only:

Date Received: _____

Reviewed By: _____

EMS 6037 Revised: 06/2011