



# VARIANCE REQUEST FORM

IC 22-14-2-7.5 Variance; orders

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).

Falsification or misrepresentation of any submitted documents for this request for a fire certification variance shall be an automatic revocation/denial of this request by the Academy.

Applicants may need to complete additional training to meet State of Indiana requirements upon evaluation of all documentation. If additional training is required, the Fire and Public Safety Academy will provide additional instructions for completion.

## Student Name

Applicant Printed Name (Last, First, MI)	
Date of Birth (MM/DD/YYYY)	PSID Number (xxxx-xxxx)

## Certification Requested

Only one certification can be requested per form
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## Prerequisites

List all required prerequisite certifications held by applicant. Failure to hold a required prerequisite certification is grounds for denial of this application.

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## Administrative Rule Waived

List the specific administrative rule(s) the applicant wishes the Department to waive.

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### Explanation

Provide an explanation as to how the Board of Firefighting Personnel Standards and Education regulation(s) listed above create a hardship. A hardship must be imposed by the law and is not personal in nature (class availability, weather, conflicting commitments, etc.).

### Analysis

Provide an analysis of the hardship imposed if the variance request were denied, and whether there would be an adverse impact to the public health and safety if the variance request were granted.

### Skills Evaluation

Provide a complete practical skills evaluation checklist for the certification you are requesting. Include copies with this application.

Document(s) Attached

### 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. Failure to provide any of the above documents will result in automatic denial of this application.

Student's Name	Date
Student's Signature	

## Fire and Public Safety Academy Recommendations

Approved  Pending  Denied

### *Explanation If Pending*

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### *Explanation If Denied*

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Director's Signature	Date
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## Informal Review

To request an informal review of your order by the department, complete the informal review form located at <https://www.in.gov/dhs/administrative-review/informal-review>. Following receipt of this form, the department will review your request and may modify or reverse the report and will attempt to respond to your request within five business days; however, a request for an informal review does not extend the deadline for filing a petition for administrative review which must be filed to initiate formal administrative proceedings under IC 4-21.5.

## Administrative Review

If you desire administrative review of this order by the Board of Firefighting Personnel Standards and Education, you must comply with the requirements of IC 4-21.5-3-7 and file a written petition for review within 15 days after receiving this order. Your petition for review must state facts demonstrating that you are: (1) a person whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You must submit your petition by one of these methods:

### *U.S. Mail or Personal Service:*

Indiana Department of Homeland Security  
ATTN: Board of Firefighting Personnel Standards and Education  
1610 Reeves Rd, Room 135  
Plainfield, IN 46168

### *Online:*

Complete the petition for review form at <https://www.in.gov/dhs/administrative-review/petition-for-review>. If your petition qualifies for review, it will be assigned to an administrative law judge who will initiate proceedings under IC 4-21.5. For more information, go to <https://www.in.gov/dhs/administrative-review>.