|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DTCP-BWM-004.docx (rev. 11/2023) | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  2811 Agriculture Drive, PO Box 8911, Madison, WI 53707-7837  Phone: (608) 224-4942, Option 4 | | | | | FOR OFFICE USE ONLY | | | |
| **Fee Amount: $300.00** | | | |
| Petition for Variance - Petroleum and Other Liquid Fuel Products | | | | | | | | | |
| Wis. Admin. Code CH ATCP 94 and Wis. Admin. Code §ATCP 94.110 | | | | | | | | | |
| Under Wis. Admin. Code § ATCP 94.110(3), this form must be completed and submitted to the department, along with a fee of $300.00, in order to request a variance from a provision of Wis. Admin. Code ch. ATCP 94. The petitioner shall provide evidence that an equivalency is established which meets the intent of the rule. Failure to complete this form will result in denial of a petition for variance. | | | | | | | | | |
| Personally identifiable information provided may be used for purposes other than that for which it was originally collected.  Wis. Stat. § 15.04(1)(m)). | | | | | | | | | |
| PLEASE TYPE OR PRINT CLEARLY | | | | | | | | | |
| PETITIONER INFORMATION | | | | | | | | | |
| COMPANY NAME | | | | CONTACT PERSON: | | | | | |
| STREET ADDRESS | | | CITY | | | | | STATE | ZIP |
| EMAIL | | | | | BUSINESS PHONE  (     )     - | | | | |
| TYPE OF BUSINESS | | | | | | | | | |
| PRODUCT DESCRIPTION (include a specification sheet) and intended use: | | | | | | | | | |
|  | | | | | | | | | |
| REASON FOR REQUEST: | | | | | | | | | |
|  | | | | | | | | | |
| Evidence that equivalency is established and meets the intent of ATCP 94: | | | | | | | | | |
|  | | | | | | | | | |
| List attachments to be considered as part of this petition (i.e. specification sheet, laboratory analysis, etc.). | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | |  | | | | |  | | |
| PETITIONER’S SIGNATURE | | PETITIONER’S TITLE | | | | | DATE | | |
|  | | | | | | | | | |
| Mail the completed Petition for Variance and $300.00 fee to:  DATCP - Bureau of Weights & Measures Attn: Compliance Unit P O Box 7837 Madison, WI 53707-7837 | | | | | | | | | |