

Variance Proposal
Utah Fish Health Policy Board

Requestor Name & Company: _____ Date: _____
Address, Phone, Email, Fax: _____

List the Agencies that have issued Certificates of Registration (CORs), Boards that have granted a variance from a Rule for your facility and/or the destination facility (i.e. The Certification Review Committee, Wildlife Board, Fish Health Policy Board). **ATTACH COPIES OF ALL CORs AND/OR VARIANCES**

Description of variance proposal (short description of specifics for the proposal)

Species: _____	Species: _____
Size: _____	Size: _____
Numbers: _____	Numbers: _____

Source	Destination
Facility/Location Name: _____	Facility/Location Name: _____
Address: _____	Address: _____
HUC: _____	HUC: _____
UTM: _____	UTM: _____
Latitude, Longitude: _____	Latitude, Longitude: _____

List the inspection history for the source facility/location and the destination. Enter NA if not applicable. Attach last know inspection report. Enter NA if not applicable.

Source Health Inspections	Destination Health Inspections
_____	_____

Description of proposed activity:

Why does the proposed activity require a variance from the Fish Health Rule (R58-17)?
You may contact UDAF (801-538-7046) if assistance with R58-17 is needed.

Describe the scientific rationale for which a variance should be granted.

Describe/list the fish health and aquatic invasive species risks involved with the proposed activity (i.e. what potential harm the variance may cause to the Utah aquaculture industry or public fishery resources) if the variance is granted

Describe/list the benefit to the Utah aquaculture industry, the public, and/or public fishery resources that will result from the variance.

Describe the methods used to decontaminate (clean) equipment used.

Will aquatic animals be euthanized after the event? If so, describe the method of euthanasia and means of animal disposal.

What funding sources will be used for the proposed activity?

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List the contact information for companies or persons who have agreed to work with you or speak in favor of the variance:

Name: _____
 Company: _____
 Address: _____
 Phone: _____
 Email: _____

Name: _____
 Company: _____
 Address: _____
 Phone: _____
 Email: _____

The Following to be completed by the Fish Health Policy Board

Stipulations required by the Board for variance approval.			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Was variance approved?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason(s) for denial			
Were the proper regulatory authorities contacted?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
UDAF <input type="checkbox"/>	DWR <input type="checkbox"/>	Wildlife Board <input type="checkbox"/>	Other: _____
Was an approval / denial letter sent?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date approval or denial letter sent.			