

FILE # _____

DATE _____

BU1

BEDDING & UPHOLSTERY INDUSTRIAL BOARD PETITION

This form may be used to file an appeal, seek a variance or an extension of time.

Type or print legibly all requested information. If additional space is required, attach a separate 8-1/2"x11" sheet.

Petitioner	Contact person _____ Company name _____ Street address _____ City _____ State _____ ZIP code _____ Phone _____ FAX _____ Email address _____
Manufacturer	Manufacturer name _____ Street address _____ City _____ State _____ ZIP code _____ Email address _____ Phone _____
Importer (If filing jointly with manufacturer)	Importer name _____ Street address _____ City _____ State _____ ZIP code _____ Email address _____ Phone _____
URN# Uniform Registration Number	_____ _____
Request For Variance(s)	Detail variance(s) that are being sought. List specific sections of the appropriate regulations from which variances are being requested. If seeking a variance of a filling content term not recognized in Pennsylvania's regulations, list only the term not recognized (i.e. batting, pad).
Variance Justification	Provide justification for this request.

