

File No.: \_\_\_\_\_

Date: \_\_\_\_\_

## STUFFED TOY 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 8-½"x11" sheet.

☐ EXPEDITED REVIEW. ADDITIONAL FEE SUBMITTED.

<b>Petitioner</b>	<b>Contact person</b> _____ <b>Company name</b> _____ <b>Street address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP code</b> _____ <b>Country</b> _____ <b>Phone</b> _____ <b>Fax no.</b> _____ <b>Email address</b> _____
<b>Importer</b> (If filing jointly with manufacturer)	<b>Importer name</b> _____ <b>Street address</b> _____ <b>City</b> _____ <b>State/Province</b> _____ <b>ZIP code</b> _____ <b>Country</b> _____ <b>Phone</b> _____
<b>Manufacturer</b>	<b>Manufacturer name</b> _____ <b>Street address</b> _____ <b>City</b> _____ <b>State/Province</b> _____ <b>ZIP code</b> _____ <b>Country</b> _____ <b>Phone</b> _____
<b>PA Registration Number</b>	
<b>Request for Variance(s)</b>	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).
<b>Variance Justification</b>	Provide justification for this request.
<b>IND. BD USE ONLY</b>	Date received: _____ Check #: _____ Bates #: _____

<b>Extension of Time</b>	<p>This section to be completed ONLY if an extension of time is needed to comply with a notice of violation. Detail the reasons for this request. Specify length of extension requested or completion date. A copy of the violation letter issued by the Bedding and Upholstery Division <b><u>MUST</u></b> be submitted with this petition.</p>
<b>Filing Requirements</b>	<p>Submission requirements shall be as follows:</p> <ol style="list-style-type: none"> <li>One copy of the completed <b>Stuffed Toy Industrial Board Petition</b> (LIIB-307). <ul style="list-style-type: none"> <li>When a variance for more than one product is being requested, separate petitions must be submitted.</li> <li>When a variance for more than one filling material is being requested, they may be sought via one petition.</li> </ul> </li> <li>One <b>copy</b> of the completed <b>Application for Pennsylvania Toy Registration</b> (LIBU-35). If the registration number is already registered in Pennsylvania, a copy of the valid PA license may be submitted in lieu of the application.</li> <li>One copy of law label.</li> <li>Check or money order made payable to "Commonwealth of Pennsylvania." All fees paid to the Industrial Board must be separate from any fees paid to the Bureau of Occupational and Industrial Safety's Bedding / Toy Division.</li> </ol> <p><b>Fee Schedule:</b>  Variance/Appeals/Extension of time request..... \$388.81 (per URN)  Expedited Review of petition..... Additional \$1211.25 (per URN)</p> <p>Contact the Industrial Board at 717-787-6114 or <a href="mailto:RA-LIINDUSTRIALBOARD@pa.gov">RA-LIINDUSTRIALBOARD@pa.gov</a> for questions or concerns.</p> <p>Mail the complete submission package to:</p> <p style="text-align: center;"><b>Department of Labor &amp; Industry  Industrial Board  651 Boas Street, Room 1622  Harrisburg, PA 17121-0750</b></p>
<b>Petitioner Signature</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;"> Petitioner signature </div> <div style="border-top: 1px solid black; width: 40%; text-align: center;"> Telephone number </div> </div>

Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program