

**OFFICE OF OPERATIONS SUPPORT
BUREAU OF LICENSING AND CERTIFICATION
HEALTH FACILITIES ADMINISTRATION-LICENSING**

Submit completed requests to:

Health Facilities Administration-
Licensing
129 Pleasant Street
Concord, NH 03301

NOTE:

Unless otherwise specified, waivers must be renewed annually. Send Waiver renewal requests when submitting renewal license application.
Submit one waiver per request

Date Requested:

Indicate: Initial
Renewal

Facility Name:

Address:

Phone #:

Email:

License #:

Expiration Date:

Indicate specific standard from which you request a waiver: **He-P**
Quote the specific language you seek to waive:

Provide a full explanation of why a waiver to this standard is sought:

Describe proposed alternative to satisfy regulatory intent:

If this waiver is the result of a criminal background check, please identify the staff member you are requesting a waiver for and attach a letter from the staff person explaining the conviction.

Administrator Signature _____ Date _____

Recommendation of HFA-L Licensing Supervisor: _____ Date _____

Signature of Manager Approving Waiver _____ Date _____

Request Submitted by:

Phone:

Email Address: