



## Waiver Request Form

Use this form to request a waiver for a Board rule or civil penalty (21 NCAC 14B .0607).

Directions:

- Mail the completed form to the address above.
- You will be scheduled to present your case before the Board Members at the next available hearing date.
- A certified letter will be mailed to the address below approximately 30 days prior to the hearing date with information regarding the date and time of the hearing.

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### Part I: Contact Information

Name and License Number of Individual Requesting Waiver: \_\_\_\_\_

Name and License Number of Salon Requesting Waiver: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

### Part II: Reason for Waiver

1. Rule(s) or penalty(s) for which the waiver is being requested: \_\_\_\_\_

2. Reason waiver should be granted (please attach any supporting documentation or additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How will granting the waiver provide for the health and safety of the consumer or licensee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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