

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH-ASBESTOS PROGRAM
ASBESTOS WAIVER APPLICATION**

General Instructions: The Department may waive any of the specific requirements established by Title 178 NAC 22-011 through 22-021 and 22-023 and approve alternative work practices.

Waivers will be considered only when the health, safety and welfare of all classes of asbestos occupations, building occupants and the general public are protected adequately by the alternative work practice.

A waiver may be requested for an individual asbestos project by attaching the completed waiver application according to Title 178 NAC 22-003.02F, Item 1 and the information required in Title 178 NAC 22-005 for a project notification.

A waiver may be requested for an individual asbestos project by the project designer or by the owner or operator of the structure in which the asbestos project is planned prior to the selection of a Licensed Business Entity to conduct the asbestos project by the completion of waiver including the requirements of Title 178 NAC 22-003.02F, Item 1 and submission of that form with such other information as the Department deems necessary to evaluate the request. A copy of all waivers granted under Title 178 NAC 22-022 must be submitted with the Asbestos Project Notification for the project to which it applies.

A waiver may be requested for approval of an alternative work practice on a continuing basis for a business entity or individual, or for a particular facility belonging to that business entity or individual, by submitting a completed waiver according to Title 178 NAC 22-003.01F, Item 1.

A waiver may be requested for approval of an exception to a specific worker protection requirement on a case-by-case basis if a business entity submits a written description of the alternative procedure(s) and demonstrates to the Department's satisfaction that the proposed alternative procedure provides equivalent protection to the health, safety and welfare of all classes of asbestos occupations and the general public. Any such request must be submitted by completing a waiver according to Title 178 NAC 22-003.02F, Item 1.

The business entity or individual requesting the waiver must provide:

1. A reference to the requirement by section number for which waiver is requested;
2. A narrative explanation of rationale for requesting the waiver; and
3. A description of the procedure proposed as an alternative workpractice.
4. The Department will approve or deny waivers in the form of a written notice to the applicant.

Verbal or written approval from the Department must be granted before requested waiver(s) are implemented.

Please scan and email, fax, mail or hand deliver the original completed Asbestos Waiver Application to the following:

DHHS-Asbestos Program
PO Box 95026, 301 Centennial Mall South
Lincoln, Nebraska 68509-5026
Phone 402-471-0549 Fax 402-471-8833
Email DHHS.AsbestosLead@nebraska.gov

Form 2 Instructions

DIVISION OF PUBLIC HEALTH- ASBESTOS PROGRAM

**ASBESTOS WAIVER APPLICATION
 PART A- GENERAL INFORMATION**

Name of Business Entity: _____

Address: _____

City: _____ State/Zip: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Building Owner: _____

Address: _____

City: _____ State/Zip: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Project/Building Name: _____

Address: _____

City: _____ State/Zip: _____

PART B- WAIVER INFORMATION

1. Type of Waiver Requested: _____ *State Project Number:* _____

A. Waiver of Equipment*

** This waiver is applicable only in connection with the 'Required Equipment' portion of the Asbestos Business Entity License Application, Form 1, Part E.*

B. Alternative Work Practice -For Individual Job
 -On Continuing Basis

C. Alternative to Specific Worker Protection Requirement

2. Waiver Request Description: Please list the waiver description as stated in the Asbestos Control Program Regulations, Title 178 Chapter 22. _____

A. Regulation and Subsection Number: _____

3. Please list the reason why waiver or waivers are requested: _____

4. Describe the alternative equipment, work practice or worker protection measure: _____

5. Describe how this alternative meets the requirements of the statutes and regulations to protect the health, safety and welfare of all classes of asbestos occupations, and the general public:

**PART C- VERIFICATION FOR LICENSED OR
WAIVERED BUSINESS ENTITIES**

Note: The Chief Executive Officer of the Licensed Business Entity must sign the following statement. Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further verify that I will comply with all work practices and worker protection requirements of the Nebraska Asbestos Control Act and Department Regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title

**PART D- VERIFICATION FOR BUSINESS ENTITIES
NOT SUBJECT TO LICENSURE**

Note: The Chief Executive Officer or Representative of the business entity must sign the following statement. Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding.

Date

Signature of Chief Executive Officer or Representative

Print or Type Name

Title