

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – LEAD-BASED PAINT PROGRAM**

**APPLICATION FOR  
WAIVER**

**General Instructions:** Use this form to apply for any of the following waivers:

- 1) Waiver of equipment required in the license application under 178 NAC 23-006.01B, such waiver provided for in the Residential Lead-Based Paint Professions Certification Act, Section 71-6321 (6);
- 2) Waiver of lead-based paint work practices required by 178 NAC 23-007 for an individual project and use of alternative work practices, such waiver provided for in Residential Lead-Based Pain Professions Certification Act, Section 71-6321 (6);
- 3) Waiver of lead work practices required by 178 NAC 23-007 on a continuing basis and use of alternative work practices, such waiver provided for in Residential Lead-Based Paint Professions Certification Act, Section 71-6321 (6); and/or
- 4) Waiver of a specific worker protection requirement for a lead project and use of an alternative procedure, such waiver provided for in Neb. Rev. Stat. section 71-6321(6).

Requests for a waiver of lead work practices for an individual project must be submitted along with the Lead-Based Paint Project Notification, Form 5.

Requests for a continual waiver may be granted on a project-by-project basis until such time as the Department determines whether to approve or deny the waiver application.

Approvals or denials of waiver applications will be in the form of a written notice.

If additional room is necessary, use supplemental pages. Indicate the part and item number in the upper right-hand corner and number the pages consecutively in the bottom right-hand corner.

Mail completed waiver application form to:

Lead-Based Paint Program Manager  
Nebraska Department of Health & Human Services  
Division of Public Health Environmental Health Unit  
Office of Environmental Health Hazards and Indoor Air  
Lead-Based Paint Program  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509-5026

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**WAIVER APPLICATION**

**PART A  
GENERAL INFORMATION**

1. Name of Firm \_\_\_\_\_
2. Mailing Address Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Contact Name \_\_\_\_\_

**PART B  
WAIVER INFORMATION  
(Check Waiver Requested)**

1. Type of Waiver Requested
  - a. Waiver of equipment\* \_\_\_\_\_
  - b. Alternative work practice \_\_\_\_\_  
for individual job \_\_\_\_\_  
on continuing basis \_\_\_\_\_
  - c. Alternative to specific worker  
protection requirement \_\_\_\_\_
2. Describe the waiver requested, and list the specific regulation number(s) and subsection(s):  
(Description) \_\_\_\_\_  
(Regulation # and subsection #) \_\_\_\_\_

