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);
- 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
- Waiver of a specific worker protection requirement for a lead project and use of an alternative procedure, such waiver provided for in <u>Neb. Rev. Stat.</u> 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

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

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 #)

3. Give your reason for requesting the waiver:

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 lead occupations, and the general public:

PART C VERIFICATION

Note: The chief executive officer of the firm must sign the following statement.

I hereby verify that the information included in this application, including any information contained on supplemental pages which are made a part of and attached hereto, is true and accurate to the best of my knowledge.

Date

Signature of Chief Executive Officer

Print or Type Name

Title

Form 2 Page 2