

# Waiver Form

Licensors	
Person completing form	
Facility Name	
PV# and/or PS#	
Date of Request	
Arm Rule	

Explanation for Request:

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(Licensing only below this line)

Approved: \_\_\_\_\_ Timeframe: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Comments:

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CCL Program Manager Signature

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Date