

NFRC Request for Exemption

_____ Program (PCP, PCP-CMA, LAP, CAP or specify the document)

Exemption Requested (*be specific*)

Reason for Exemption Request (*state the reason(s) for requesting waiver*)

Staff Notes:

Requested By:

Petitioner / Requester:

Company: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

The undersigned verifies that the information provided above is accurate

Petitioner
Signature: _____ Date: _____

NFRC IA
Signature: _____ Date: _____

NFRC Office Section (*Do not write below line*)

Approved _____ Not Approved _____ Date _____

Comments:

Authorized By: (NFRC) _____