

**INFORMATION NEEDED TO REQUEST
ADHS LICENSING WAIVER**
(To be completed for EACH waiver rule request)

PROVIDE TO: County Emergency Operations

FACILITY NAME:		LICENSE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
PROVIDER TYPE:		COUNTY:	REQUEST DATE:
WAIVER REQUESTED: (Rule)			
REQUESTER NAME:		REQUESTER E-MAIL:	REQUESTER PHONE:
JUSTIFICATION:			
TIME NEEDED FOR WAIVER:			
ACTION TAKEN PRIOR TO WAIVER REQUEST:			

Forward to County Emergency Center
(County Emergency Center will forward to ADHS with the County Recommendations)

County Recommendations:

Signature: _____
Date: _____