



**REQUEST FOR WAIVER OF LICENSING
RULE OR CONSTRUCTION STANDARD**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF LIFE SAFETY AND CONSTRUCTION
SFN 19751 (10-2013)

INSTRUCTIONS: Complete one form for each waiver you are requesting. Additional documentation may be attached to this form. The Department reserves the right to deny or terminate a waiver. The granting of a waiver does not mean the requirement has been met. Your facility will be considered deficient until the requirement has been met.

Name of Facility		Type of Facility	
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Basic Care Facility	
Street Address	City	State	Zip Code
1. Identify the state rule or construction standard relevant to this request for waiver:			
2. Provide evidence that compliance with the requirement will result in an unreasonable hardship:			
3. Describe how the facility will assure the health and safety of the residents/patients until the condition has been corrected:			
4. Describe the action plan to resolve the condition which requires the waiver, including an anticipated date the condition will be resolved. Include any interim measures to address the intent of the licensing rule or construction standard:			
Signature of Administrator:		Date:	
FOR OFFICE USE ONLY		MAIL THIS COMPLETED FORM TO: DIV. OF LIFE SAFETY & CONSTRUCTION ND DEPT. OF HEALTH 600 E. BOULEVARD AVE. DEPT 301 BISMARCK ND 58505-0200	
FOR PERIOD ___/___/___ TO ___/___/___			
COMMENTS:			
Signature:		Date:	