

**OFFICE OF LEGAL AND REGULATORY SERVICES  
BUREAU OF LICENSING AND CERTIFICATION  
HEALTH FACILITIES ADMINISTRATION-LICENSING**

**Submit completed requests to:**

Health Facilities Administration-  
Licensing  
129 Pleasant Street  
Concord, NH 03301

**NOTE:**

Unless otherwise specified, waivers must be renewed annually. Send Waiver renewal requests when submitting renewal license application.  
Submit one waiver per request  
Submit form either encrypted electronically to [DHHS.hfaregcorrespondent@nh.gov](mailto:DHHS.hfaregcorrespondent@nh.gov) or via fax to 603-271-4968

Date Requested:

Indicate: Initial   
Renewal

Facility Name:

Address:

Phone #:

Email:

License #:

Expiration Date:

Indicate specific standard from which you request a waiver: **He-P**

Indicate the specific language you seek to waive:

Provide a full explanation of why a waiver to this standard is sought:

Describe proposed alternative to satisfy regulatory intent:

If this waiver is the result of a criminal background check, please identify the applicant you are requesting a waiver for, attach a letter from the applicant explaining the conviction(s) and attach the NH DOS Criminal History Report.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommendation of HFA-L Licensing Supervisor: Approved Y N

Licensing Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Request Submitted by:

Phone:

Email Address: