



**REQUEST FOR WAIVER FROM STAKEHOLDER**

OAR Rules 333, Divisions 27, 71, 76, 500 through 536, and 700  
(This form is for Stakeholder use.)

**PR # (if known):** \_\_\_\_\_  
**Facility/Agency:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**Project Address:** \_\_\_\_\_

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**1. Individual Requesting Waiver:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Oregon Administrative Rule(s) to be Waived:**

Rule Number(s): \_\_\_\_\_  
Rule text: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Alternative solution proposed:** (Please see instructions below, attach additional pages as necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Request for Waiver Instructions

All requests for an exception to an Oregon Administrative Rule must be submitted in writing.

Please submit all completed *Requests for Waiver* to our main office at:

mailbox.hclc@odhsoha.oregon.gov

If you have any questions, you may contact us by phone, at (971) 673-0540.

When completing the *Request for Waiver* form, please be sure to:

1. Identify the specific Oregon Administrative Rule(s) for which a waiver is requested.
2. Identify the special circumstances relied upon to justify the waiver.
3. Describe how the proposed waiver will maintain or enhance patient health and safety. Solutions should consider both individual and aggregate patient needs.
4. Identify the proposed duration of the waiver.

This office will respond in writing to all written *Requests for Waiver*.

Please Note: All applicable Oregon Administrative Rules are binding in full until and unless a written waiver has been granted.