

# 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: \_\_\_\_\_

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

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Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Authorized By: (NFRC) \_\_\_\_\_