

18. MEASURES TAKEN TO MEET THE PURPOSE OF THE REGULATION OR STANDARD THROUGHOUT THE PROPOSED PERIOD OF THE WAIVER (PLEASE BE AS SPECIFIC AS POSSIBLE TO SHOW HOW THE PURPOSE OF THE POLICY WILL BE MET, INCLUDING WHAT STEPS WILL BE TAKEN):

19. MEASURES TAKEN OR PLANNED TO REESTABLISH COMPLIANCE WITH THE POLICY AS WRITTEN:

20. HAS THE AGENCY RECEIVED ANY WAIVERS IN THE PAST TWO YEARS? YES NO
If "YES", please include the name of the regulation or standard that was waived and the date and time period that the waiver covered. Also, for each waiver, indicate whether or not it is still valid.

21. REGION: CENTRAL NORTHEAST SOUTHEAST WEST

22. SIGNATURE OF SUBMITTER/DATE:

USE AS MUCH SPACE AS NECESSARY TO FILL-IN INFORMATION COMPLETELY
*Sending in supportive documentation with your request is beneficial in helping to process your waiver. **If you are requesting a waiver of staff experience or credentials, please include the individual's name, resume, and academic transcripts.***