REQUEST FOR TEMPORARY WAIVER OF FUNERAL ESTABLISHMENT PERMIT REQUIREMENTS DURING DECLARED STATE OF EMERGENCY, PER 21 NCAC 34B.0617

INSTRUCTIONS

1) Complete all sections of this form. Incomplete forms will be returned to sender.

2) If a response to any of the questions below exceeds the amount of space allotted, you may attach as many additional pages as necessary.

3) Submit completed form to the attention of the Board’s Legal Department, by one of the following methods:
   a. electronic correspondence to Legal@ncbfs.org;
   b. facsimile to (919) 733-8271; or
   c. mail to 1033 Wade Avenue, Suite 108, Raleigh, NC 27605.

4) You will be notified of the Board’s decision to grant or deny this request in writing within seven (7) business days following the Board’s next regularly scheduled meeting. The Board’s meeting calendar is available at www.ncbfs.org.

1. Name and permit number of requesting Funeral Establishment: ______________________________________
________________________________________________________________________________________

2. Description of circumstances giving rise to request: ___________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. Plan for correcting any violations of G.S. 90-210.27A and 21 NCAC 34B.0702-.0706 caused by the emergency:
________________________________________________________________________________________
________________________________________________________________________________________

4. Anticipated time frame that the Funeral Establishment will return to full compliance with G.S. 90-210.27A and 21 NCAC 34B .0702-.0706:
________________________________________________________________________________________

5. Name, phone number, and mailing address of individual making this request:
________________________________________________________________________________________
________________________________________________________________________________________

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