

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES  
REGULATION AND LICENSURE - ASBESTOS CONTROL PROGRAM**

**APPLICATION FOR EMERGENCY WAIVER OF LICENSE**

**General Instructions:** This form is to be used to request a waiver from licensing in order to perform an emergency asbestos project as provided in Neb. Rev. Stat. Section 71-6309(1) and 178 NAC 22-003.01A. Before such waiver from licensing can be granted, the Director of the Health and Human Services - Regulation and Licensure must be of the opinion there is an asbestos-related emergency representing a severe danger and immediate threat to the public health, safety, and welfare. In such event, the Department may temporarily waive the requirement for licensure for only as long as needed to deal with the emergency.

Such emergency waiver will be granted for only the time required to eliminate the threat to public health, safety, and welfare. An emergency waiver **DOES NOT** allow a contractor to work after the emergency situation is addressed. You will need to complete Form 1 and apply for a regular license if you desire to perform any non-emergency work regardless of whether it is at the site of the previous emergency or at any other site in the state of Nebraska, unless such non-emergency project is less than 260 linear feet or 160 square feet and linear feet in any combination in which case a license is not required under 178 NAC 22-003.01C.

To apply for an emergency waiver of license, mail the completed application and the appropriate fee required by 178 NAC 22-009 payable by check or money order to the Nebraska Health and Human Services - Regulation and Licensure to:

Asbestos Control Program Manager  
Nebraska Department of Health & Human Services  
Regulation & Licensure – Asbestos Control Program  
301 Centennial Mall South  
P.O. Box 95007  
Lincoln, NE 68509-5007

**Form 7 Instructions**

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES  
REGULATION & LICENSURE – ASBESTOS CONTROL PROGRAM**

**APPLICATION FOR WAIVER OF LICENSE  
FOR BUSINESS ENTITIES PERFORMING  
EMERGENCY ASBESTOS PROJECTS**

1. Name of Business Entity: \_\_\_\_\_
2. Mailing Address Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Location of Emergency:
6. Description of Emergency Situation:
7. What danger or threat to the public health, safety and welfare exists?
8. What is the anticipated length of time it will take to address the emergency situation?

\_\_\_\_\_

9. Have any owners or officers of this business entity ever owned or managed any other asbestos business entity previously licensed in the state of Nebraska? If so, state 1) the name of the entity; 2) the last date licensed; and 3) the relationship.
  
10. Is this business entity licensed in any other state? If so, where?
  
11. Will you use individuals on this emergency project who a) hold a current certificate from an EPA-accredited training course; b) are certified in Nebraska; or c) hold a waiver of certificate from the Nebraska Health & Human Services – Regulation & Licensure?
  
12. Will this emergency project be conducted in accord with standard worker protection safety practices, methods and equipment as well as all Department regulations?

**VERIFICATION**

Note: The chief executive officer of the business entity must sign the following statement.

I hereby verify that the foregoing information included in this application and any supplemental information attached to it is true to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title