

North Carolina State Board of Cosmetic Art Examiners
121 Edinburgh South Drive · Suite 209
Cary, NC 27511
919.736.6123
www.nccosmeticarts.com



Waiver Request Form

Use this form to request a waiver for a Board rule or civil penalty (21 NCAC 14B .0607).

Directions:

- Mail the completed form to the address above.
- You will be scheduled to present your case before the Board Members at the next available hearing date.
- A certified letter will be mailed to the address below approximately 30 days prior to the hearing date with information regarding the date and time of the hearing.

Part I: Contact Information

Name and License Number of Individual Requesting Waiver: _____

Name and License Number of Salon Requesting Waiver: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Part II: Reason for Waiver

1. Rule or penalty for which the waiver is being requested: _____

2. Reason waiver should be granted (please attach any supporting documentation or additional pages if needed):

3. How will granting the waiver provide for the health and safety of the consumer or licensee?

Signature: _____

Date: _____