

**PETITION FOR WAIVER FROM BOARD OF ACCOUNTANCY
 RULES**

This form may be used to seek a waiver or variance from an administrative rule adopted by the Minnesota Board of Accountancy. A waiver, if granted, may excuse the petitioner from the requirements of a rule in its entirety or in part, or may modify the requirements of a rule for a period of time or permanently. The process for seeking a waiver from the administrative rule and the standards under which the petition will be evaluated is described in Minnesota Rule 1105.0200, Subp. 4. Please keep in mind that the Board is not allowed to waive or alter a statutory duty or requirement.

Name:		Certificate/Registration Number:
Address:		Phone Number:
List the number and description of the rule from which you are requesting a waiver.		
Briefly describe the nature of the waiver that you are requesting and the period of time you want the waiver to last.		
What are the facts and reasons that, in your opinion, constitute "individual hardship" supporting a waiver of the rule?		
List the name, address and telephone number of any person or entity that, to your knowledge, would be adversely affected by the granting of this waiver.		
Name:		Phone number:
Address:		
List the name, address and telephone number of any other state or federal boards or agencies which might be affected by the granting of this waiver.		
Name:		Phone number:
Address:		

**PETITION FOR WAIVER FROM BOARD OF ACCOUNTANCY
RULES (CONTINUED)**

How will the public be protected if your request for waiver is granted?	
Provide a history of any prior disciplinary or enforcement contacts between you and the board, any notice of violation, contested hearings, or investigations within the past five years.	
Do you know how the Board has treated similar situations? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe how similar situations were handled.)	
List the name, address and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver.	
Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

I attest to the accuracy and truthfulness of the information contained in this petition. I authorize any persons with knowledge of the relevant facts relating to the requested waiver to release any information to the Minnesota Board of Accountancy.

Signature Date