

# Waiver Request Form – Special Processes



## GENERAL INFORMATION

Company Name \_\_\_\_\_ SNHD permit number \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact phone number \_\_\_\_\_

Contact email address \_\_\_\_\_

## USE OF WAIVER

Process waiver requested for \_\_\_\_\_

Examples: Cook/chill, *sous vide*, smoking, curing, use of food additives, molluscan shellstock tank, sprouting seeds or beans

Will process be used at more than one location?  Yes  No      If yes, list name(s) and SNHD permit number(s) for location process used at \_\_\_\_\_

Use additional sheet if necessary

Will product be served at more than one restaurant/outlet?  Yes  No      If yes, name(s) and SNHD permit number(s) for location product served to the public \_\_\_\_\_

Use additional sheet if necessary

Will the product sold to the public at retail?  Yes  No

List additional documentation on an additional sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_