



EXCEPTION REQUEST FORM

Licensed Drug and Alcohol Facilities and Recovery Houses

Submit this form to RA-licensuredivision@pa.gov and include the facility license number in the subject line of the exception request.

Facility License Number:

Facility Name:

Regulation the facility is requesting an exception to:

The detailed reason for the exception request is:

Indicate the time frame of the requested exception:

What steps has the facility taken to comply with the regulation? Please explain:



Does the facility have a plan to reach compliance with the regulation without need for the exception? Yes/No. If yes, please explain:

Signature of the Governing Body below serves as Governing Body approval for this request.

Thank you,

Signature indicating approval of Governing Body

Date

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