



Standards Waiver Request

MEMBER INFORMATION

(Please Print)

Name _____ ANDI Rating & # _____

Mailing Address _____

City _____ State / Island _____

Postal Code _____ Country _____ E-mail _____

Daytime Telephone _____ Evening Telephone _____

STANDARD DESCRIPTION

Training Program _____ Requested Date of Change _____

Instructor Manual / Procedures Name _____ Page # _____

Quote the Standard _____

To be changed to _____

CONDITIONS

Duration of waiver _____ *OR* Request permanent change to Stds.

REASON FOR WAIVER
