

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

Special Process Waiver Request

Food Establishment Information:

Business name (DBA): _____ **License Number:** _____

Owner (corporation partnership, individual, etc.): _____

Location Address: _____

If applying for multiple locations, please attach a list of facilities to this request

Phone: _____ **Email:** _____

Contact Person: _____

Documentation of Proposed Process Waiver and Justification (Section 8-103.11,

FC) Explanation of the process that will be conducted for which a process waiver

is required:

I hereby request the approval of a process waiver from the requirements of the 2017 FDA Food Code, Section (include section number and title):

Justification for the process waiver request: (Provide an explanation of how the potential public health hazards and/or nuisances addressed by the relevant Code sections will be alternatively prevented. Supporting documentation may include a process review by a recognized process authority):

HACCP Plan submitted **Yes** **No**

I understand this process waiver request must be approved before the establishment starts to conduct the process. I understand that if approved, the process waiver must be maintained at the establishment and that HACCP plans and procedures approved as a basis for this process waiver must be followed.

Signature of applicant: _____ **Date:** _____

Print name and position title: _____