



Mechanical Compliance Section

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Request for an Approved Exemption In Accordance with (NAC 455C.116 or 455C.448)

Date Exemption Requested:		Requested by: (Name, Phone & Email)	
Contractor, Installer or Owner of Equipment:			
Location Name:			
City:		State:	Zip:
Exemption from Requirement:		State Identification Number(s): NV	

Reason:

Conditions (Jurisdictional Use Only):

Approval:	Name/Signature:	Title:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No		Inspector	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Chief	