

**PETITION FOR RULE WAIVER REQUEST FORM**

**INSTRUCTIONS**

**Minnesota Rules 1105.0200 subpart 4 (2015) states:**

Exceptions. In the application of this chapter [1105], the board may make exceptions for reasons of individual hardship including health, military service, foreign residency, or other good cause. The applicant, licensee, firm, or registered accounting practitioner has the burden of proving such hardship.

**This form may be used to make your exception request. Please sign and date.**

**1. Provide your name and contact information.**

Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix) Certificate # \_\_\_\_\_  
Address\* \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*If providing a business address, include the company name.

**2. Cite the specific Minnesota Rule(s) you are asking to be waived (section, part, etc):**

(Refer to the Officer of Revisor of Statutes website for this information: <https://www.revisor.mn.gov/rules/?id=1105&view=chapter>)

**3. When did your hardship occur? Provide a timeline if useful in presenting your situation.**

**4. Explain why you are unable to comply with the rule(s) due to a hardship.**

**5. Indicate what materials, if any, you have included with this form (check all that apply):**

- I have attached no additional information.
- I have attached a letter explaining the hardship or medical need I have experienced and why it has made me unable to comply with the Rule(s) I have listed above.
- I have attached a physician's letter to explain the medical necessity I have experienced.
- I have attached the following other information to explain the hardship or medical necessity that I have experienced:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**6. Affidavit:**

**I attest to the accuracy and truthfulness of the information contained in this petition.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date