**Department of Health Services State of Wisconsin**

Division of Public Health Wis. Admin Code ch. DHS 159

F-03393 (07/2025)

# Request for Approval of an Alternative to an Asbestos Requirement

Instructions: Under [Wis. Admin. Code § DHS 159.03(2)](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/i/03/2), the department (DHS) may approve an alternative to any requirement in [the chapter](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159), which is not mandated by state statute or federal law, if the DHS determines the alternative is as protective of human health and the environment as the requirement.

To ask for approval of an alternative to a requirement, complete this form and submit to dhsasbestoslead@dhs.wisconsin.gov. We may email you to ask for additional information. Within 30 days after receiving this form, we will approve or deny it. We will notify you by email. The completed request form and our response to it will be published on the DHS webpage.

### Requestor information

Name:

Email:

Company name:

### Details of request

Provide the following required information.

The specific rule requirement from [DHS 159](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159) for which the alternative is requested:

The reason for the request:

A description of the alternative:

The time period for which the alternative is requested:

Proof that the alternative is as protective of human health and the environment as strict compliance with the rule:

### Signature

I affirm that the information submitted is correct. I understand that the DHS may deny the request, which is a final decision and not subject to a hearing under s. DHS 159.46. I understand that, if the DHS approves the request, it may impose additional conditions it deems necessary, modify the alternative proposed, limit the duration of the alternative, or, if you fail to comply with any terms or conditions of the approval or the alternative adversely affects the health, safety or welfare of persons or the environment, revoke the approval.

**Signature** — Requestor:

Date signed: