

Disaster/Crisis Relief Program Request Form

NBCC understands that unfortunate incidents can happen under any circumstances. The Disaster/Crisis Relief Program was created to ease financial strain for those experiencing difficulties associated with a natural disaster or local community crisis. Please download and complete the form then send as an attachment to recertification@nbcc.org.

Name: _____ Candidate ID Number: _____

Address: _____ Email Address: _____

Reason for Waiver

Please check the box that indicates the basis for your waiver request.

- Natural disaster/storm (named event, federally declared state of emergency)
- Community crisis (e.g., fire, flooding, mass casualty event)

Explanation of Event

Please provide a personal statement explaining the nature of the disaster/crisis and how the event has affected you personally. You may provide supplemental documentation if available.

Waiver Type Requested

- 3-month extension for annual fee
- 6-month extension for annual fee
- 9-month extension for annual fee
- Current annual fee waiver

Certification

I certify that the information provided is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply information may result in rejection of this request.

Signature: _____ Date: _____