

# **ATTESTATION OF COMPLIANCE FOR WAIVER APPROVAL**

I hereby attest that as of, \_\_\_\_\_ *[insert compliance date]*, the facility known as  
\_\_\_\_\_  
\_\_\_\_\_ *[Insert facility name as it is licensed]*  
is in compliance with the regulation(s) \_\_\_\_\_ *[insert*  
*regulation(s) numbers]* formerly waived under an approval letter dated \_\_\_\_\_ *[insert*  
*date of waiver approval]* pertaining to  
\_\_\_\_\_  
\_\_\_\_\_ *[briefly describe what the*  
*waiver was for]*.

\_\_\_\_\_  
Signature of authorized representative

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Please return to:

Colorado Department of Public Health and Environment  
Health Facilities and Emergency Medical Services Division  
Attn: Waivers  
4300 Cherry Creek Drive South, A-2  
Denver, Colorado 80246-1530

Fax: 303-753-6214  
Tel: 303-692-2800