



## QUALITY CONTROL WAIVER REQUEST

**To be filed when documents subject to a quality control request are unavailable**

**Claimant Name** \_\_\_\_\_

**Claimant ID #** \_\_\_\_\_

The undersigned Counsel requests that the Claims Resolution Management Corporation (“CRMC”) waive full compliance with its Quality Control testing program with respect to this claim.

Counsel certifies that he or she cannot fully comply with CRMC’s Quality Control request because Counsel does not now possess copies of the following requested document(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and is not reasonably able to obtain such copies for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(Counsel)