



U.S. Department of Transportation
Maritime Administration

REQUEST FOR WAIVER OF SERVICE OBLIGATION

PART I. INSTRUCTIONS: The applicant must complete Part I. A waiver may be requested for all or a portion of the service obligation.

The completed form should be forwarded to:
Maritime Administration
Academies Program Officer
1200 New Jersey Avenue, SE
Washington, DC 20590

The Maritime Administration will notify the applicant of the decision made on the waiver request.

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|--|--|---|--|
| 1. Name <i>(Last, First, Middle)</i> | | 2. Social Security Number | |
| 3. Home Address <i>(Street)</i> | | | |
| <i>(City, State, Zip Code)</i> | | | |
| 4. Reason for Waiver Request <i>(If a medical condition precludes you from honoring your service obligation, attach a verifying letter from your physician. If not, list other reason(s).)</i> | | | |
| 5. Type of Waiver Requested <i>(Check One)</i> | | 6. Period of Waiver <i>(Month / Year)</i> | |
| <input type="checkbox"/> Full <input type="checkbox"/> Partial <i>(See Block 6)</i> | | From _____ To _____ | |
| 7. Name of Maritime School | | 7a. Year of Graduation | |
| 8. Signature of Applicant <i>(Do Not Print)</i> | | 9. Date | |

PART II. FOR OFFICIAL USE ONLY

Academies Program Officer Decision

Approved Disapproved

Remarks

Signature of Academies Program Officer

Date