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U.S. Department of Transportation
Maritime Administration

APPLICATION FOR REVIEW OF WAIVER/DEFERMENT DECISION

PART I. INSTRUCTIONS: Applicant must complete Part I. 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 request for review.

1. Name (Last, First, Middle)	2. Social Security Number
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3. Address (Street, City, State and Zip Code)

4. Is this an appeal of a disapproved waiver or deferment request? <input type="checkbox"/> Waiver <input type="checkbox"/> Deferment
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5. Reason for Appeal

6. Signature of Applicant	Date
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7. Recommendation	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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8. Remarks

9. Signature of Academies Program Officer	Date
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PART II. MARITIME ADMINISTRATOR

10. Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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11. Remarks

Signature of Maritime Administrator	Date
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