



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.

| | |
|---|---------------------------|
| 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> <input type="checkbox"/> Full <input type="checkbox"/> Partial <i>(See Block 6)</i> | 6. Period of Waiver <i>(Month / Year)</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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
|--|

| |
|---------|
| Remarks |
|---------|

| | |
|--|------|
| Signature of Academies Program Officer | Date |
|--|------|