



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
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3. Home Address <i>(Street)</i>
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<i>(City, State, Zip Code)</i>
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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>
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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 _____
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7. Name of Maritime School	7a. Year of Graduation
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8. Signature of Applicant <i>(Do Not Print)</i>	9. Date
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**PART II. FOR OFFICIAL USE ONLY**

Academies Program Officer Decision  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Remarks
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Signature of Academies Program Officer	Date
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