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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 (Last, First, Middle) | 2. Social Security Number |
|-------------------------------|---------------------------|

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

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|--|---------|
| 8. Signature of Applicant (Do Not Print) | 9. Date |
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Part II. FOR OFFICIAL USE ONLY

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| 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 |
|--|------|