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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.

1. Name (Last, First, Middle)	2. Social Security Number
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3. Home Address (Street)

(City, State, Zip Code)

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).)

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

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

Signature of Academies Program Officer	Date
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