OMB No. 2133-0510
Expiration Date: XX/XX/XXX

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2133-0510. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Maritime Administration, MAR-390, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

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)	6. Period of Waiver (Month/Year)
☐ Full ☐ Partial (See Block 6)	From _____ To _____

7. Name of Maritime School	7a. Year of Graduation

8. Signature of Applicant (Do Not Print)	9. Date

Part II. **FOR OFFICIAL USE ONLY**

Academies Program Officer Decision

☐ Approved ☐ Disapproved

Remarks

Signature of Academies Program Officer	Date