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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)
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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**

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