OMB No. 2133-0510

U.S. Department of Transportation
Maritime Administration

APPLICATION FOR REVIEW OF WAIVER/DEFERMENT DECISION

PART I. INSTRUCTIONS: Applicant must complete Part I. 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 request for review

1. Name (Last, First, Middle)

2. Social Security Number

3. Address (Street, City State, and Zip Code)

4. Is this an appeal of a disapproved waiver or deferment request?

☐ Waiver ☐ Deferment

5. Reason for Appeal

6. Signature of Applicant

Date

7. Recommendation

☐ Approved
☐ Disapproved

8. Remarks

9. Signature of Academies Program Officer

Date

PART II. MARITIME ADMINISTRATOR

10. Decision

☐ Approved
☐ Disapproved

11. Remarks

12. Signature of Maritime Administrator

Date

Form MA-937 (Rev. 5/2008)

Continue Clear Form