

**WAIVER/DETERMINATION REQUEST**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974--Use AF Form 883)

**SECTION I IDENTIFICATION DATA**

1. TO:	2. FROM: (Main OL Address)	3. RIC	4. PROJ PROGRAM <input type="checkbox"/> NPS <input type="checkbox"/> PS <input type="checkbox"/> IMA	5. PROJ AFSC/TITLE		
6. NAME (Last, First, MI)		7. SSN	8. DOB (YYYYMMDD)	9. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> MIL <input type="checkbox"/> D <input type="checkbox"/> SEP <input type="checkbox"/> NON-MIL	10. DEP	11. ED. LEVEL
12. TEST SCORES M _____ A _____ G _____ E _____ QT _____		14. WAIVER/DETERMINATION TYPE <input type="checkbox"/> FAMILY CARE <input type="checkbox"/> RE/SPN <input type="checkbox"/> MORALS <input type="checkbox"/> BT <input type="checkbox"/> MEDICAL <input type="checkbox"/> DRUG <input type="checkbox"/> AFSC (IMA) _____ <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> UIF <input type="checkbox"/> GRADE _____ <input type="checkbox"/> CLASSIFICATION _____ <input type="checkbox"/> OTHER _____				
13. OTHER WAIVERS/DETERMINATIONS (Type and date submitted/approved)						

**SECTION II LAW VIOLATIONS**  
(Complete for all requests except family care and medical)

15. DATE (YYYYMMDD)	16. CONVICTED/ADVERSELY ADJUDICATED FOR	17. PLACE OF OFFENSE	18. DISPOSITION

**SECTION III DRUG WAIVER**

19. TYPE OF DRUG(S) USED/POSSESSED	20. DRUGS USED/POSSESSED	21. WHERE AND AGE WHEN USED

**SECTION IV CIVILIAN EMPLOYMENT HISTORY**  
(Show all periods of employment/unemployment during the last five years)

22. FROM (YYYYMMDD)	23. TO (YYYYMMDD)	24. NAME OF EMPLOYER	25. JOB TITLE	26. REASON FOR LEAVING

**SECTION V PRIOR SERVICE**

27. BRANCH	28. DATES OF SERVICE (YYYYMMDD)	29. AFSC/MOS/JOB CODE/TITLE (Continue in Section (VIII))	30. GRADE/RANK	31. CHARACTER OF SERVICE	32. RE CODE	33. SPN/SPD

**SECTION VI ADDITIONAL INFORMATION**  
(All applicants must complete. Explain yes answers in the remarks section.)

<p>34. Have you ever been rejected for military service by any branch of the Armed Forces of the United States?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>35. During any period of military service, have any of the following actions been taken against you?</p> <p><input type="checkbox"/> Not applicable. I have never served in the military.</p> <table style="width:100%;"> <tr> <td>a. Control Roster? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>d. Unfavorable Information File? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>b. Letter of Reprimand? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>e. Article 15 or Captain's Mast? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>c. Court Martial? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>f. Denial of Reenlistment? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>	a. Control Roster? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. Unfavorable Information File? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. Letter of Reprimand? <input type="checkbox"/> YES <input type="checkbox"/> NO	e. Article 15 or Captain's Mast? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. Court Martial? <input type="checkbox"/> YES <input type="checkbox"/> NO	f. Denial of Reenlistment? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SECTION VII LIST OF ATTACHMENTS**

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**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!  
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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

<b>SECTION VIII</b>	<b>AFSC/MOS/JOB DESCRIPTION/DUTIES PERFORMED</b>
<i>(Section V continued)</i>	

<b>SECTION IX</b>	<b>ADDITIONAL REMARKS/APPLICANT STATEMENT</b>
<i>(Continue on plain bond if necessary)</i>	

<b>SECTION X</b>	<b>APPLICANT CERTIFICATION</b>	
<i>I understand that this request will be evaluated on the whole person concept and certify that I have disclosed all information which may have a bearing on this request. I also certify that information contained in this request is true and correct to the best of my knowledge.</i>	SIGNATURE OF APPLICANT	DATE

<b>SECTION XI</b>				<b>RECRUITER/SENIOR RECRUITER RECOMMENDATION</b>			
RECRUITER RECOMMENDATION				SENIOR RECRUITER RECOMMENDATION			
RECRUITER NAME, GRADE				SENIOR RECRUITER NAME, GRADE			
SIGNATURE OF RECRUITER		DATE		SIGNATURE OF SENIOR RECRUITER		DATE	