

WAIVER REQUEST/AUTHORIZATION <i>(This IMT is subject to the Privacy Act of 1974 - Use AF IMT 883)</i>	DATE OF REQUEST
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SECTION I. IDENTIFICATION DATA						
TO (Recruiting Squadron Address)		FROM (Recruiting Office)			RIC	MEPS NO
					PROGRAM <input type="checkbox"/> NPS <input type="checkbox"/> OTS <input type="checkbox"/> PS <input type="checkbox"/> HP	
NAME (Last, First, Middle Initial)		SSN	SEX	AGE	DOB	MARITAL STATUS
						NUMBER OF DEPENDENTS
APPLICANT'S CURRENT ADDRESS		DEPENDENT'S ADDRESS (Dependency)		EDUCATION/GRADE DATA Education Level /Degree _____. If college list school name and location: _____		
PREVIOUS WAIVER(S) GRANTED (Type, Level and Date Approved)		TEST SCORES P: ___ N: ___ AA: ___ Q: ___ V: ___ QT: ___ M: ___ A: ___ G: ___ E: ___		Auth Enlistment/Appointment Grade _____		
				WAIVER TYPE: <input type="checkbox"/> DEPENDENCY <input type="checkbox"/> DRUG <input type="checkbox"/> MORAL		

SECTION II. LAW VIOLATIONS				
1. LISTING OF ALL LAW VIOLATIONS	2. BY (Type of Judiciary, Traffic, J.V., Criminal)	3. COMMITTED ON	4. CITY, COUNTY AND STATE	5. AGE WAS
6. DISPOSITION WAS	7. RELEASED ON	8. AND POSSIBLE MAXIMUM SENTENCE (Excluding traffic)		

SECTION III. DRUG WAIVER (Self-admitted)			SECTION IV. DEPENDENCY WAIVER					
1. TYPE OF DRUG(S)	2. DATE USED	3. AGE USED	1. Name & Relationship of Dependent(s)	2. Age	3. Custody		4. Self Care	
					YES	NO	YES	NO

SECTION V. APPLICANT CERTIFICATION	
I request a waiver of the ineligibility factor(s) stated herein. The above listed information is accurate to the best of my knowledge and belief.	SIGNATURE OF APPLICANT

SECTION VI. RECRUITER CERTIFICATION	
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL (Comments MANDATORY in separate letter)	
TYPED NAME AND GRADE OF RECRUITER	SIGNATURE OF RECRUITER

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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).

REMARKS/ADDITIONAL INFORMATION	NAME OF APPLICANT
	APPLICANT'S SSN

SECTION VII. SQUADRON ACTION

TO	FROM
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- Approved, provided applicant is otherwise qualified. Enlistment/commission must be accomplished within one year from date of approval. Waiver Code _____ applies.*
- Squadron level waiver approved and forwarded for consideration of _____ waiver.*
- Recommend approval, but approval is not authorized at this level.*
- Disapproved. Enlistment/commission would not be in the best interest of the United States Air Force. Entered into Fraud File on: _____*

DATE	TYPED NAME, GRADE AND TITLE	SIGNATURE
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SECTION VIII. GROUP ACTION

TO	FROM
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- Approved, provided applicant is otherwise qualified. Enlistment/commission must be accomplished within one year from date of approval. Waiver Code _____ applies.*
- Recommend approval, but approval is not authorized at this level.*
- Disapproved. Enlistment/commission would not be in the best interest of the United States Air Force. Entered into Fraud File on: _____*
- Remarks: _____*

DATE	TYPED NAME, GRADE AND TITLE	SIGNATURE
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SECTION IX. HQ AFRS ACTION

TO	FROM
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- Approved, provided applicant is otherwise qualified. Enlistment/commission must be accomplished within one year from date of approval. Waiver Code _____ applies.*
- Disapproved. Enlistment/commission would not be in the best interest of the United States Air Force. Entered into Fraud File on: _____*
- Remarks: _____*

DATE	TYPED NAME, GRADE AND TITLE	SIGNATURE
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