

DEPARTMENT OF DEFENSE ACQUISITION CORPS - WAIVER REQUEST						REPORT CONTROL SYMBOL	
COMPONENT/ORGANIZATION							
1. TO (Director, Acquisition Career Management (DACM))			2. VIA (Acquisition Career Program Board (ACPB))				
3. COPY TO (USD(A)AET&CD)			4. FROM (Organization and Address)				
5. NAME (Last, First, Middle Initial)			6. GRADE/RANK		7. SSN		
8. ACQUISITION CAREER FIELD		9. OCCUPATIONAL SERIES/SPECIALTY		10. CURRENT JOB TITLE			
11. WAIVER REQUESTED (X as applicable)							
a. ABSENCE OF EDUCATION (X one)							
<input type="checkbox"/>	<input type="checkbox"/>	BACCALAUREATE DEGREE (ACPB Certification Required)	<input type="checkbox"/>	24 SEMESTER CREDIT HOURS IN SPECIFIED DISCIPLINES	OR	24 SEMESTER CREDIT HOURS IN CAREER FIELD AND 12 SEMESTER CREDIT HOURS IN SPECIFIED DISCIPLINES	
b. ABSENCE OF EXPERIENCE (Less than 4 years' experience in acquisition position)							
c. ABSENCE OF MINIMUM GRADE							
12. REQUEST BASED ON (X as applicable)							
<input type="checkbox"/>	DEMONSTRATED ANALYTICAL AND DECISION-MAKING CAPABILITIES	<input type="checkbox"/>	JOB PERFORMANCE	<input type="checkbox"/>	QUALIFYING EXPERIENCE	<input type="checkbox"/>	ALL OF THE ABOVE
13. DESCRIPTIVE NARRATIVE RATIONALE							
14. REQUESTING OFFICIAL							
a. TYPED NAME			b. GRADE		c. ORGANIZATION		
d. SIGNATURE					e. DATE (YYYYMMDD)		
15. ENDORSING OFFICIAL							
a. TYPED NAME			b. GRADE		c. ORGANIZATION		
d. SIGNATURE					e. DATE (YYYYMMDD)		
16. ACQUISITION CAREER PROGRAM BOARD ACTION (X one)							
<input type="checkbox"/>	GRANTED	<input type="checkbox"/>	DISAPPROVED	a. ACPB NAME		b. DATE (YYYYMMDD)	