

REQUEST FOR WAIVER

The proponent agency is NGB-ASM. The prescribing directive is ARNG FY ECM 07-07.

TO: (Approval Authority for the disqualification being waived)	FROM: (Unit of assignment, address, and UIC or State AG)	DATE:
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NAME: (Last, First, Middle Initial)	SSN:
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MTOE/TDA, PARA/LINE NO., MOS:	DISQUALIFICATION(s):	PARAGRAPH:	AUTHORITY/REGULATION:
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RECOMMENDATION:

(If the applicant has ever been in a Regular or Reserve Component of the Armed Service or the National Guard of the United States, Complete the following. Enter all information requested, or None if applicable. Leave blank for NPS personnel.)

SECTION I - PRIOR SERVICE DATA

a. LAST RELEASE OR DISCHARGE: HONORABLE OTHER: (Specify)

b. DATE:	c. RE CODE:	d. SPD:	e. AUTHORITY:
f. PAY GRADE/SERVICE NUMBER:	g. SERVICE/COMPONENT:	h. DATE OF ENTRY:	i. DATE DISCHARGED:

SECTION II - CHARACTER OF SERVICE

a. ARTICLE 15 AND/OR COURT MARTIAL DURING ALL PERIODS OF PRIOR SERVICE:

DATE	TYPE	OFFENSE	DISPOSITION

b. TIME LOST DURING LAST PERIOD OF SERVICE:

NUMBER OF DAYS	INCLUSIVE DATES	REASON

c. PROMOTION AND REDUCTION DURING LAST PERIOD OF SERVICE:

DATE	AUTHORITY	REASON	GRADES

REQUESTING OFFICER:	SIGNATURE AND DATE:
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ACCOMPANYING DOCUMENTS: *(List of enclosures and endorsements)*

1. LETTER, REQUEST FOR WAIVER
2. DD FORM 1966
3. SF 88 AND SF 93
4. MEDICAL/PSYCHIATRIC EVALUATION
5. ALL PRIOR SERVICE DOCUMENTS
6. STATEMENT FROM APPLICANT
7. REFERENCE LETTERS
8. RETIREMENT POINTS (SOS)
9. DOCUMENTS IAW TABLE 2-10 AND 2-12, NGR 600-200
10. OTHER: *(Specify)*

CONTINUATION FROM PREVIOUS ITEMS: *(If needed)*