

## WAIVER REQUEST FROM SECURITY CRITERIA (U)

Date: \_\_\_\_\_

1. Request Number: \_\_\_\_\_ 2. Expiration Date: \_\_\_\_\_

3. From \_\_\_\_\_ Thru: \_\_\_\_\_ To: \_\_\_\_\_

4. Type Request: (check one)  Facility  Equipment  Procedural  
 Equivalent  Other

5. REFERENCE: Directive # \_\_\_\_\_ Paragraph # \_\_\_\_\_

6. Affected Area/Function: \_\_\_\_\_

7. Brief Description of Specific Requirement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Brief Description of Deficiency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Proposed Corrective Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Compensatory Measures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Estimated Cost of Correction: \_\_\_\_\_

13. Estimated Correction Date: \_\_\_\_\_

**14. Requester Coordination:**

| Office | Name  | Initials |
|--------|-------|----------|
| _____  | _____ | _____    |
| _____  | _____ | _____    |
| _____  | _____ | _____    |

\_\_\_\_\_ Name of Program Manager      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

\_\_\_\_\_ Name of Security Manager      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

**15. Reviewing Official Coordination & Recommendation:**

Approval: \_\_\_\_\_ Disapproval: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of Reviewing Official: \_\_\_\_\_

Activity Represented: \_\_\_\_\_

Signature: \_\_\_\_\_

**16. Approval Authority Coordination:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**17. Additional Information from Previous Page as Required (Indicate Item #):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_