

AFMC WAIVER AND APPROVAL REQUEST**FLIGHT OPERATIONS, STAN/EVAL, TRAINING, AVIATION MGT, AND AIRCREW FLIGHT EQUIPMENT****SECTION I TO BE COMPLETED BY REQUESTING ORGANIZATION**

FROM	TO	SUBJECT	DATE
ACTION OFFICER (Name, Rank, Phone)		GOVERNING DIRECTIVE <i>(Title, Date, Supplement and Paragraph)</i>	Documents Attached Yes No

NARRATIVE *(What is requested)**Narrative continued on Page Two -*JUSTIFICATION and MITIGATION *(discuss alternatives, impact if not approved, risk mitigation plan, etc)**Justification continued on Page Two -*

GROUP COMMANDER or EQUIVALENT (Name, Rank, Title)

DATE

SIGNATURE

SECTION II TO BE COMPLETED BY AFMC/A3V

APPROVAL AUTHORITY	<input type="checkbox"/> AFMC/A3V	<input type="checkbox"/> AFMC/A3	<input type="checkbox"/> OTHER:
AFMC/A3V ACTION	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR
AFMC/A3V Tracking #	EXPIRATION DATE		

COMMENTS/RESTRICTIONS

Comments continued on Page Two -

AFMC/A3V (Name, Rank, Title)

DATE

SIGNATURE

SECTION III TO BE COMPLETED BY AFMC/A3 (if applicable)

AFMC/A3 ACTION	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> CONCUR	<input type="checkbox"/> NON-CONCUR
COMMENTS/RESTRICTIONS				

AFMC/A3 (Name, Rank, Title)

DATE

SIGNATURE

NARRATIVE (Continued)

JUSTIFICATION and MITIGATION (Continued)

COMMENTS/RESTRICTIONS (Continued)