

From: Commanding Officer, (*insert name of command*)
To: Director, Personnel Performance, Security and Separations
Division (PERS-83)
Via: Director, Fleet and Family Support Division (PERS-66)
Subj: REQUEST FOR WAIVER
Encl: (Optional, see below)

1. **Subject waiver is requested** ICO (*insert member's Name, Rank/Rate, Branch, SSN/Designator*).

2. **The following amplifying data is submitted:**

a. (*Insert treatment requested and confirmation of dependency/abuse; e.g. "Treatment recommended by ATF/MTF: Intensive Outpatient for Alcohol Dependency/Abuse".*)

b. (*Insert type of referral; e.g. "Member is a Command Referral, Self Referral, or an Alcohol Incident Referral."*)

c. (*Insert requirement for which a waiver is sought. If incident referral, include date of incident, and date(s) of previous alcohol incident(s). For example, "Member incurred DUI/DWI, Drunkenness or drunk and disorderly conduct, Alcohol-related NJP, Incompetence for duty due to alcohol intoxication or impairment, etc., after having received treatment that resulted from a previous DUI/DWI, etc., or treatment failure. Date of incident 99DEC01." Date(s) of previous incident(s) 97NOV22.*)

d. (*Insert member's EAOS, PRD, and ADSD; e.g. "Members EAOS is 02APR11, PRD is JUN00, ADSD is 99SEP15."*)

e. (*Insert amenability, pending treatment date, treatment facility, and location if available; e.g. "Member determine amenable or non-amenable. Treatment is sought for 00APR12 at SARD, Sub Base San Diego."*)

f. (*Insert history of previous treatment(s) and status of After Care, if any; e.g. "Member successfully completed IP/Level III treatment on 98FEB28 at ARC, Jacksonville, FL." Member is currently in aftercare or Member completed aftercare on 99OCT29."*)

g. (*Insert member's history of disciplinary infractions, alcohol incidents, all other alcohol related problems, and dates of each, if any.*)

h. (Insert brief summary of member's performance record, including CO's endorsement.)

3. **Command point of contact is:** (Insert name of POC, who can be reached at COMM number, DSN number, or COMM FAX number, DSN number, and EMAIL address. Email address for command POC is required.)

/C.O.'s Signature/X.O.'s By Direction/

(Enclosures should include pg. 13's of relevance, memorandums detailing extraordinary circumstances, and documentation believed to have bearing on this request. **DAARs** shall be completed after every command or self-referral, alcohol incident, and final disposition determination. Submit initial DAARs within **30 days** of the referral or incident. Incomplete requests cause delays in processing.)

(If you have further questions about waiver request, contact CTR1(SW)Coss at COMM 901-874-4266 or DSN 882-4266; COMM FAX 901-874-4228 or DSN FAX 882-4228; or EMAIL P602F@PERSNET.NAVY.MIL)

Original letter from command will be mailed to:

DEPARTMENT OF THE NAVY
NAVY PERSONNEL COMMAND PERS 663
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-663
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