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|--|---|--|--|------------------------------|
| <b>DEPARTMENT OF DEFENSE SENIOR CONTRACTING OFFICIAL -<br/>WAIVER REQUEST</b>  |   |  | REPORT CONTROL SYMBOL<br>DD-P&R(Q&A)1841 |                              |
| <b>COMPONENT/ORGANIZATION</b>  |   |  |  |                              |
| 1. TO <i>(Component Acquisition Executive (CAE))</i>   |   | 2. VIA <i>(Director, Acquisition Career Management (DACM))</i> |  |                              |
| 3. COPY TO <i>(USD(A)AET&amp;CD)</i>   |   | 4. FROM <i>(Organization and Address)</i>                      |  |                              |
| <b>POSITION DATA</b>   |   |  |  |                              |
| 5. POSITION NUMBER   | 6. POSITION TITLE                             | 7. GRADE/RANK  | 8. OCCUPATIONAL SERIES/<br>SPECIALTY     |                              |
| <b>IDENTIFICATION AND PERSONAL DATA</b>  |   |  |  |                              |
| 9. NAME <i>(Last, First, Middle Initial)</i>   |   | 10. GRADE/RANK   | 11. SSN                                  |                              |
| 12. ACQUISITION CAREER FIELD   |   | 13. OCCUPATIONAL SERIES/SPECIALTY                              |  |                              |
| 14. WAIVER REQUEST <i>(X one)</i>  |   |  |  |                              |
| <input type="checkbox"/>   | ABSENCE OF FOUR YEARS' CONTRACTING EXPERIENCE |  | <input type="checkbox"/>                 | NON-ACQUISITION CORPS MEMBER |
| 15. REQUEST BASED ON DETERMINATION THAT INDIVIDUAL POSSESSES THE FOLLOWING QUALIFICATIONS THAT OBIATE THE NEED FOR MEETING THE EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS <i>(Written narrative - use other side if needed)</i> |   |  |  |                              |
|  |   |  |  |                              |
| 16. REQUESTING OFFICIAL  |   |  |  |                              |
| a. TYPED NAME  |   | b. GRADE   | c. ORGANIZATION                          |                              |
| d. SIGNATURE   |   |  | e. DATE (YYYYMMDD)                       |                              |
| 17. COMPONENT APPROVING OFFICIAL   |   |  |  |                              |
| a. TYPED NAME  |   | b. TITLE   |  |                              |
| c. SIGNATURE   |   |  | d. DATE (YYYYMMDD)                       |                              |