HEADQUARTERS UNIT

Subordinate unit logo/seal is optional. Not used without higher HQ seal/logo

Unit or higher headquarters logo/seal is optional

CIVIL AIR PATROL

UNITED STATES AIR FORCE AUXILIARY

Street Address or PO Box

City ST XXXXX-XXXX

 DD Mmmmm YYYY

MEMORANDUM FOR SUPPLEMENT APPROVAL AUTHORITY (for example PCR/CC)

FROM: OFFICE SYMBOL (for example, CAWG/CC)

SUBJECT: Waiver Request to XX Unit Supplement # to CAPR ##-##

1. Name of Wing/Unit requests a waiver to XX Unit Supplement to CAPR ##-##, *Title of Regulation*, paragraph(s) list applicable paragraph number(s).

2. As written, the supplement requires describe supplement requirement for which you are seeking a waiver. Name of wing/unit believes this requirement briefly state reason why the directive language negatively impacts operations, should not be applicable to the unit, or compliance cannot be sustained.

3. Name of wing/unit proposes, either "full relief from this requirement" or "as an alternative, that we satsify the intent of the requirement by doing XXXXXX".

4. Request your favorable consideration. My point of contact for this request is Grade Name.  He/she may be reached at phone number and email.

REQUESTING CC'S NAME, Grade, CAP

Duty Title

1st Endorsement

TO: approval authority for supplement being waived (for example PCR/CC)

Approved / Disapproved

Optional -- if approved "Waiver expires on DD Mmmmm YYYY" or approving commander may add caveats to the approved waiver.

NEXT HIGHER CC'S NAME, Grade, CAP

Duty Title