

SPED CERTIFICATION PROGRAM

Waiver Request

Name:

Employer:

Work Email:

Registration ID:

Current Expiration
Date:

New Expiration Date
Requested:

Date Waiver Submitted:

REASON FOR WAIVER

Medical

Military Deployment

Other

Explain the reasons for the basis of this waiver. (Limit 1,000 words)

(Please attach all pertinent documentation with the initial submission so your waiver request can be properly reviewed.)

ACTION TAKEN (For Component Service Representative Only)

Waiver is approved

Waiver is rejected

Return - Incomplete information in the waiver request/additional information is requested

Submit no later than:

Comments:

CSR Signature: _____

Date: _____