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 APPLICABLE NHQ FUNCTIONAL OPR (for example CAP/DO)

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

SUBJECT: Waiver Request to CAPR ##-##

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

2. As written, the regulation requires describe regulatory requirement for which you are seeking a waiver. Name of wing/unit believes this requirement briefly state reason why the regulatory 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: next higher echelon commander (for example SWR/CC)

Concur / Nonconcur

NEXT HIGHER CC'S NAME, Grade, CAP

Duty Title