



1. Flight Procedure Identification:

2. Waiver Required and Applicable Standard:

3. Reason for Waiver (*Justification for nonstandard treatment*):

4. Equivalent Level of Safety Provided:

5. How Relocation or Additional Facilities Will Affect Waiver Requirement:

6. Coordination With User Organizations (Specify):

7. SUBMITTED BY

DATE:

Office Identification:

Title:

Signature:

8. CONTINUATION

Comments:

9. AFS ACTION

Approved

Disapproved

Not Required

Comments:

Date:

Routing Symbol:

Signature: