

# Defense Logistics Agency

## Acquisition Personnel Certification/Waiver

### PART A - EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)

Social Security Number

Organizational Code (Activity, Directorate, Division, Branch, etc.)

Date Submitted

Title, Series, Grade

Grade and Level (I, II, or III)

### PART B - CERTIFICATION REQUESTED

Request Certification Level/Career Field

CAREER FIELD

Level I

Level II

Level III

### PART C - CERTIFICATION ANALYSIS

<u>Applicable Standard</u>	<u>How Met &amp; Verified</u>	<u>Waiver, Requested</u>
<input type="checkbox"/> Experience	_____	(Circle) Yes/No
<input type="checkbox"/> Education	(SF-171, SF50's) _____	Yes/No
<input type="checkbox"/> Training	(Transcripts) _____	Yes/No
	(DD 1556, DD 2518 or Course Certificate)	

Rationale for Waiver, if Applicable (Attach Additional Documentation, as Warranted)

### PART D - REQUESTING OFFICIAL (SUPERVISOR)

Name Signature Date  
Name Signature Date

### PART E - APPROVAL/DISAPPROVAL OF WAIVER

Name Signature Date  
(Official Delegated Authority to Waive Standards)  
Organizational Code \_\_\_\_\_  Approved  Disapproved (Attach Rationale)

### PART F - CERTIFICATION DECISION

Certification is  Approved  Disapproved Date

Name and Signature of Official Delegated Authority to Certify and/or Waive Standards