

FWAATS Prerequisite Waiver Request

Student Name:	Student Rank:	FWAATS 1000 Fixed Wing Drive Bridgeport, WV 26330
Course Name / Course Number / Class Number:		Start Date: End Date:
Reason for Course Prerequisite Waiver (The applicant does not meet the following Course Prerequisites):		

Note to Requesting Unit:
Complete header information and Section 1. Attach any supporting documents, then forward to FWAATS for processing.

SECTION 1	LAST			TOTAL TIME	Date of Last Stan Eval:	Unit/Location:
	FLIGHT TIME	60 DAYS	6 MONTHS			YEAR
TOTAL					Date of Last Inst Eval:	Paragraph and Line Number:
RW						Unit Phone Number:
FW					Justification (Include impact if approved or disapproved):	
PC						
COURSE AIRCRAFT						
IP FW/RW						
IE FW/RW						
Unit CDR/POC Name and Rank:						
Unit CDR/POC Signature:						
SAAO Name and Rank:						
SAAO Signature:						
Note to Requesting Unit: Fill in <u>ALL</u> appropriate blocks. Any incomplete information will result in a delay. Refer any questions to the FWAATS Operations, (304) 201-3800.						

SECTION 2: FWAATS RECOMMENDATIONS / FINAL DISPOSITION			
STANDARDIZATION OFFICER	APPROVAL DISAPPROVAL	Signature:	Date:
SECTION LEADER	APPROVAL DISAPPROVAL	Signature:	Date:
REMARKS:			
COMMANDER	APPROVED DISAPPROVED	Signature:	Date:

Distribution:
 1 – Individual
 1 – Commander, FWAATS
 1 – Requesting SAAO (Disapproval Only)