

Office Document Device Waiver Request

Prescribed by: Guidance for Office Document Devices (DTM 8/8/13)
Sponsor: J6

Section 1 - Requestor

Date Request Initiated:

Requestor Last Name:

Requestor First Name:

Requestor Title:

Requestor Rank/Grade:

Requestor Installation/Address:

Asset Type

Reason acquisition of the office document device is mission critical (justification):

Section 2 - Requesting Activity/Command Review

Reviewer Last Name:

Reviewer First Name:

Reviewer Title:

Reviewer Rank/Grade:

Phone Number:

J/D Code/PLFA:

Justification:

I certify this office document device is critical to the mission of the Agency.

PLFA Commander or J/D Code Director Signature & Date:

Section 3 - DLACIO/Deputy's Decision:

Deny

Approve

Comments, notes, limitations:

CIO/Deputy Signature & Date: