



PSAC WAIVER REQUEST

TC-916 Rev. 2/28/22

Firearms and Continuing Education

Agency Information

Date:

Agency:

Agency Head:

Agency Address:

Email Address:

Phone:

Waiver Request Details

Officer Name:

<u>Requirement Status</u>	<u>Seeking Waiver?</u>		<u>Waiver for Calendar Year</u>	<u>Detail</u>
	Yes	No		# of qualification opportunities each year?
Annual Handgun Qualification				
Continuing Education				Hours completed if any:

The above named officer was unable to meet the mandate(s) due to an extreme hardship based on a/an:

MILITARY

MEDICAL - *Brief description of the condition(s):*

EXTENDED LEAVE OF ABSENCE - *Brief description of the situation:*

The above-mentioned officer's extreme hardship occurred on _____
the reporting period.

and existed continuously through the end of

Date 00/00/0000

Petitioner/Agency Head Signature

Petitioner/Agency Head Printed Name