



Date: _____

WAIVER REQUEST

Police Standards Advisory Council
C/O N.L.E.T.C.
3600 North Academy Road
Grand Island, NE 68801

Dear PSAC Chair:

I am requesting a waiver of the: *(Check applicable)*

_____ Annual handgun qualification for calendar year 20 ____.

_____ Continuing education requirement for calendar year 20 ____.

_____ was unable to meet the mandate due to an extreme hardship
(Officer's Name) based on a/an:

_____ **MEDICAL** *(Check applicable and give brief description below)*

_____ **MILITARY**

_____ **EXTENDED LEAVE OF ABSENCE**

The above-mentioned officer's **condition/deployment** occurred on _____
(Circle one) *(Date)*

and existed continuously through the end of the reporting period.

Agency

Agency Address

Petitioner/Agency Head Printed Name

Petitioner/Agency Head Signature