SAVES Waiver Request Form

Completed forms shall be emailed to:
9-natl-saves@faa.gov
SAVES Helpline: 609-485-SAVE (7283)

Waiver # _____
(Assigned by SAVES PMO)

Requestor	Date:
Print Name:	Signature:
Job Title:	Phone Number:
Line of Business (LOB):	Email Address:
Vendor:	Contract Number:
Requestor's Budget/Financial Manager	☐Approve ☐Disapprove
Print Name:	Signature:
Job Title:	Phone Number:
Date:	Email Address:
SAVES COR Waiver Request Review	☐Approve ☐Disapprove
Print Name:	Signature:
Phone Number:	Date:
Email Address:	
Waiver Final Approval/Disapproval	☐Approve ☐Disapprove
Jeffrey Baker, AAP-600 Manager Strategic Acquisitions 202-493-5723 jeffrey.baker@faa.gov	Signature: Date:

Business Case Justification for Waiver Request:

Please include cost, item description, manufacturer's name, model information, and proposed supplier name below for waived item(s):

Item Description	Mfg/Brand	Model/Part #	Unit Cost	Quantity	Total Cost	Supplier Name

In the space below, please provide a detailed justification for the purchase of this item(s) from a supplier other than the designated SAVES supplier. The justification ***must*** include specifics such as why the product cannot be purchased from the designated SAVES supplier. This justification shall not be based solely on pricing. Be thorough and objective to avoid delay in review this waiver request.

SAVES Response: