



SAVES Waiver Request Form

Completed forms shall be emailed to:

9-NATL-Saves@faa.gov

Waiver # _____
(Assigned by SAVES PM)

Requestor	Date:
Print Name:	Signature:
Job Title:	Phone Number:
Line of Business (LOB):	Email Address:
Vendor:	Contract Number:
Requestor's Budget/Financial Manager	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Print Name:	Signature:
Job Title:	Phone Number:
Date:	Email Address:
SAVES COR Waiver Request Review	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Print Name:	Signature:
Job Title	Phone Number:
Date:	Email Address:
Waiver Final Approval/Disapproval	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Zackulyn Hart, AAQ-5B0 SAVES Program Manager 404-556-9341 zackulyn.hart@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	Qua ntity	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: