

## PROTECH WAIVER REQUEST

<b>Request Date</b>	
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<b>Acquisition Division</b>	
<b>Task Order Contracting Officer</b>	
<b>Contract Specialist</b>	

<b>Requirement Title</b>	
<b>Line/Staff Office</b>	
<b>Requirement Description</b>	

<b>Total Dollar Value</b>		<b>PR # (if available)</b>	
<b>Period of Performance</b>		<b>FAAPS # (if available)</b>	

<b>Waiver Rationale</b>	

<b>AGO Review Determination</b>		<b>Approved</b>		<b>Denied</b>	
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<b>Explanation (if denied)</b>	

**AGO Approving Official** *(ProTech PMO Program Manager/SSAD Division Director/Deputy Director)*

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_