

PROTECH WAIVER REQUEST

Request Date	
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Acquisition Division	
Task Order Contracting Officer	
Contract Specialist	

Requirement Title	
Line/Staff Office	
Requirement Description	

Total Dollar Value		PR # (if available)	
Period of Performance		C-BOT # (if available)	

Waiver Rationale	

AGO Review Determination		Approved		Denied	
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Explanation (if denied)	

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

Print Name _____

Signature _____

Date _____