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| Commander  U.S. Coast Guard | Street  City or town, state, zip code  Staff Symbol: (xxx)  Phone: (xxx) xxx-xxxx  Fax: (xxx) xxx-xxxx  Email: Email@ uscg.mil  1910 |

**MEMORANDUM**

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| From: | First, MI. Last, Rank  (endorsement must come from the member’s permanent chain of command) |  |

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| To:  Thru: | CG PSC-RPM   1. Over 60 years of age waiver requests must be vetted Thru the unit’s commanding officer |
| Subj: | REQUEST to EXTEND SERVICE OVER 60 YEARS OF AGE |

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| Ref: | 1. Reserve Policy Manual, COMDTINST M1001.28 (series) |

1. In accordance with references (a), I request authorization to remain in an active status beyond 60 years of age through Date Month Year. I acknowledge that if this waiver is not approved, I will be separated NLT than my 60th birthday date of Date Month Year.
2. Specific Mission Requirement: Include work description, including unit, department, project, etc. Explain why this member is the only person capable of doing this job.
3. Unique Capabilities: Discuss qualifications, and relevant personal or professional circumstances and accomplishments. Describe impact to mission performance, readiness, etc.
4. Thank you for your consideration of my waiver request.