

FACILITY INSPECTION WAIVER REQUEST AND/OR REPORT OF SALE

a. Facility I. D. Number: \_\_\_\_\_

b. Reason for Waiver/Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. If Sold, Date of Sale: \_\_\_\_\_

d. Waiver Endorsement: \_\_\_\_\_

**FC Sign**

**Member Name & Sign / EMPLID / Unit**

**Date**

**DIRAUX Sign**

**Date**