

EDSR FORM 2025: DIRAUX Waiver Request

Two (2) pages.



Waiver requests are initiated by the member's Flotilla Commander (FC).
Routed through the Chain of Leadership and Management (COL) to:

- Division Commander (DCDR)
- District Captain (DCAPT)

If approved by both DCDR and DCAPT:

- DCAPT submits the request to DIRAUX for final approval.

If DCAPT has concerns:

- The request may be forwarded to the District Commodore (DCO) for consideration.

Date:

Member Name:

MEMBER AUX #

Flotilla Number: 054-

Check the type of waiver you are asking for in the appropriate box. Provide a justification in the text box.

AP Member to hold elected or appointed office (C.7.c.4).

Member less than 1-year to hold elected or appointed office (G.2).

Flotilla Commander to serve a 3rd consecutive term (C.3).

Division Commander to serve a 3rd consecutive term (C.15) (Submitted by DCDR)

Instructor Development Course for Professional Educators (B.2.d).

Member request to attend a 2nd C-School within 36-months. (C.3.a(1))

Medical waiver (attach additional documents without personal identifiable information, (PII) if appropriate).

Other:

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Page 2, Signatures.



Members Name:

Member's Signature:

Flotilla Commander's Name:

Flotilla Commander's Signature:

Division Commander's Name:

Division Commander's Signature:

District Captain's Name:

District Captain's Signature:

District Commodore's Name:
(Optional)

District Commodore's Signature: