

REQUEST FOR WAIVER – DEFENSE BASE ACT

INSTRUCTIONS: Complete Sections A, B, and C, and send original and four copies to the Director, Office of Worker's Compensation Programs, U.S. Department of Labor, Washington DC 20211, when a U.S. Department or Agency recommends that a waiver be granted under Section 1(e) of the Defense Base Act (42 USC 1651 (e)). After taking action two copies of this form will be returned to the agency at the address shown in item 10. Please make certain all items in the first three Sections are answered in full.

SECTION A CONTRACT

1. NAME OF CONTRACTOR

2. BUSINESS MAILING ADDRESS OF CONTRACTOR

3. CONTRACT NUMBER

4. DATE OF AWARD

5. GEOGRAPHIC LOCATION WHERE CONTRACT WILL BE PERFORMED

6. NAME OF INSURANCE COMPANY PROVIDING THE DEFENSE BASE ACT COVERAGE

SECTION B RECOMMENDATION THAT WAIVER BE GRANTED

7. STATE CLASSIFICATION OF EMPLOYEES TO WHOM WAIVER IS TO APPLY

8. STATE REASON FOR WAIVER

The recommended waiver will not apply to any employees hired in the United States, or who are American citizens or who are bona fide residents of the United States regardless of nationality. Employees to whom this waiver is to apply will receive compensation benefits pursuant to the provisions of the local workmen's compensation laws providing occupational injury and death benefits.

9. NAME OF U.S. DEPARTMENT OR AGENCY MAKING RECOMMENDATION

10. MAILING ADDRESS

11. SIGNATURE OF AUTHORIZED OFFICIAL

12. TYPED NAME AND TITLE

13. DATE OF RECOMMENDATION

SECTION D ACTION BY OFFICE OF WORKERS' COMPENSATION PROGRAMS

14. WAIVER GRANTED WAIVER NOT GRANTED

COMMENTS:

15. SIGNATURE

16. DATE

Director