DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY AVIATION CENTER OF EXCELLENCE AND FORT RUCKER
453 NOVOSEL STREET
FORT RUCKER, ALABAMA 36362-5000

REPLY TO ATTENTION OF:

ATZQ-AP 26 Jun 2008

MEMORANDUM FOR RECORD

SUBJECT: Prerequisite Waiver Request

1. The Aviation Proponency (AP) Office is responsible for determining the validity of Prerequisite waiver requests for Active Army (AA), National Guard (NG), and United States Army Reserve (USAR) Soldiers.

2. Before a determination is made on any Prerequisite waiver request, the waiver request will be carefully evaluated to ensure that the individual meets the requirements of AR 601-210, DA PAM 611-21 https://perscomnd04.army.mil/mosmartbk.nsf.

3. Once a determination is made, AP will approve or disapprove as required and correspondence will be sent to the unit thru the proper Command. Exceptions to Policy requests must be in accordance with established standards outlined on the Aviation Proponency Home Page, Enlisted Waivers, located at http://www.rucker.army.mil/ap/default.htm.

4. Requests will contain the following documentation and be submitted through the Chain of Command, thru the respective AA/NGB/USAR Approving Authority, to AP.

a. Memorandum stating type of request: Grade/Rank, Formal Training, Line Score, Prerequisite or Exception to Policy (routed thru proper channels).
Note: AP will only approve 1 point line score waiver requests.

b. Soldiers Paragraph and Line Number of the assigned unit (or will be placed in upon completion of training).

c. Current copy of PQR (with correct Rank, ETS, Physical Exam Date, PULHES, Security Clearance).

d. Current copy of DA Form 2A (with current ASVAB scores and date taken).
Note: If individual's scores and date have changed, provide a memorandum from the Education Center or equivalent documentation.

e. All associated DD 214's received during service. (NGB and AR only)

f. DA 3081 Periodic Medical Examination (Statement of Exemption)

g. Current Medical Exam (DD 2808 or SF 88) within 5 years. If the most current medical exam is more than 5 years old, a Periodic Health Assessment no more than one year old must accompany the medical exam. Proof of "Normal Color Vision" and proof of "PULHES" is required regardless which medical examination form is used
Note: If PULHES does not meet the criteria specified in DA PAM 611-21 https://perscomnd04.army.mil/mosmartbk.nsf then a waiver from the State Surgeon is required stating that the individual is capable of performing duties associated with the MOS requested. (**MEDPROs will not be accepted**)

h. Proof of SECRET (or Interim) security clearance for waivers requesting MOS 15J, 15N, 15P, and 15Q from unit S-2 Office or Security Manager.

i. Point of Contact to include DSN/Comm/FAX Numbers/E-mail address.

j. Incomplete packets will be returned with no action taken.

5. USAACE point of contact is the Aviation Proponency Office (ATZQ-AP), DSN 558-2359, Commercial (334) 255-2359 or email: Ruck.ATZQ-AP@conus.army.mil

FOR THE COMMANDER:

//Original Signed//
Director, Aviation Proponency