



UNIT LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM THRU Joint Forces Headquarters (any State)

FOR Office of the Chief of Armor, 1 Karker Street, Fort Benning, Georgia 31905-5000.

SUBJECT: Request for (input applicable waiver request)

1. Request favorable consideration for a Brachn transfer to Armor for (Soldier's Rank, Name).
2. Verbiage for appropriate justification for waiver approval.
3. Enclosed are copies of (Soldier's Rank, Name), applicable documents (ORB/ERB, Last 5 OER/NCOERs, demonstration of maneuver leadership experience, all DD 214s and all DA form 1059s).
4. POC for this action is (Rank, Name) at (XXX) XXX-XXXX.

Encls

BDE COMMANDER
COL, AR
Commanding