

FACILITY INSPECTION WAIVER REQUEST AND/OR REPORT OF SALE

Member Name: _____ EMPLID: _____ Unit: _____

a. Registration Number: _____

b. OPFAC Number: _____

c. Reason for Change: _____

If sold – Date of Sale: _____

If sold to another Auxiliarist –
Member Name and Unit: _____

d. Reason for Waiver of
Inspection _____

Member Signature

Date

DIRAUX Signature of Acknowledgement

Date