

## REQUEST FOR WAIVER – DEFENSE BASE ACT

INSTRUCTIONS: Complete Sections A, B, and C, and send original to the Director, Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation, U.S. Department of Labor, Washington DC 20210, 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)). Please make certain all items in the first three Sections are answered in full. You may also email your application to the Director.

### 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*