



DEPARTMENT OF THE NAVY
UNIT
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

1000
Ser NX /0001
DD MMM YY

From: Commanding Officer, UNIT NAME
To: U.S. Coast Guard National Maritime Center (NMC-5)
Via: U.S. Coast Guard Regional Exam Center LOCATION

Subj: ACTIVE DUTY FEE WAIVER FOR RANK I.B. SAILOR, USN

Ref: (a) U.S. Coast Guard MMC Policy Letter 02-20

1. RANK A.B. Sailor, USN is assigned to my unit, and this memorandum attests to SNM's status on active duty.
2. Per reference (a), I attest that SNM is currently on Active Duty with the U.S. Navy/Marine Corps.
3. Dates on Active Duty: DD MMM YYYY to DD MMM YYYY.
4. Command point of contact:

CO's SIGNATURE