

Provisional Transitional Waiver

California Department of Human Resources
State of California

This form functions as a waiver for the Member 4 Copy of DD-214, enabling the Active Service Member named below, who is within six months of separation from active service, to take part in the Provisional Transitional Waiver Program.

Instructions: To apply, please complete the required* sections in Parts 1 and 2. Ensure that the form is signed by an authorized military personnel administrator **and** attached to the Veterans' Preference for Examinations form ([CalHR-1093](#)). The Veteran named below is required to submit the Member 4 copy of their DD-214 to CalHR within 30 days from their discharge date in order to maintain eligibility for Veteran Preference for examinations.

1. Applicant Information

Name of Veteran*	Branch of Service*	Social Security #*
Projected Character of Service*	Projected Discharge Date*	

2. Certification and Signatures

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that providing false information will result in the disqualification of the Veteran to participate in the Provisional Transitional Waiver Program

Authorized Military Personnel Administrator*

Date

Title*

Phone Number

Email Address*