

1. Urinalysis Testing Quota Waiver Request Letter  
(MODIFY AS REQUIRED)

5350  
Ser 00/  
Date

From: Commanding Officer, (insert COMMAND NAME)  
To: Echelon 2 Commander

Subj: MONTHLY URINALYSIS TESTING QUOTA WAIVER

Ref: (a) OPNAVINST 5350.4E

1. Current manning level of \_\_\_ assigned personnel does not allow the command to meet the urinalysis testing quota of reference (a).

2. COMMAND NAME will be able to meet reference (a) testing requirements as of DATE, when manning is expected to be \_\_\_ assigned personnel. Until then, COMMAND NAME will be able to meet a random testing requirement of 15% of assigned personnel on \_\_\_ testing days per month, with 100% of assigned personnel tested annually.

OR

2. Based on our authorized manning, COMMAND NAME will be able to meet a random testing requirement of 15% of assigned personnel on \_\_\_ testing days per month, with 100% of assigned personnel tested annually.

3. My Command Point of Contact is (please include telephone number and email address).

CO's signature

Copy to:  
TYCOM ADCO