U.S. Soccer
Coaching School Waiver Application

Name: _____ **Male or Female** (circle)

Email: _____ **Date of Birth:** _____ / _____ / _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Cell Phone: _____ **Secondary Number:** _____

Please be advised that waiver requests will <u>ONLY</u> be considered in the following situations:

National "B" License: Applicant must submit five (5) years of coaching experience (any level) on team letterhead **AND** five (5) year of playing experience with a Senior National Team or five (5) years of FIFA recognized professional playing experience on team letterhead.

National "C" License: Applicant must submit three (3) years of coaching experience (any level) on team letterhead **AND** three (3) years of playing experience with a Senior National Team or three (3) years of FIFA recognized professional playing experience on team letterhead.

Foreign Licenses: Must include a notarized English translation.

All foreign documents must include a notarized English translation

Waiver Appling for: (please check one) **National "B" License** ☐ **National "C" License** ☐ **Other** ☐ _____

Playing Experience: (please include club name(s) and number of years played)

_____ _____

_____ _____

_____ _____

_____ _____

Coaching Experience: (please include school or team name(s) and number of years)

_____ _____

_____ _____

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_____ _____

Please mail the required documentation along with this application to the address below.

U.S. Soccer Federation
Attn: Coaching Dept.
1801 S. Prairie Avenue
Chicago, IL 60616

Please contact the Coaching Department at (312) 808-1300 or coaches@ussoccer.org with any questions.

FOR OFFICE USE ONLY: *Date Received:* _____ *Decision Date:* _____