



USSF Professional Player Waiver Application

Name: _____ Male or Female (circle)

Email: _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____

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

Main Phone: _____ Cell Phone: _____

Please be advised that waiver requests will ONLY 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 “1st Division” 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 “1st Division” professional playing experience on team letterhead.

All foreign documents must include a notarized English translation

Waiver Applying for: (please check one) **National “B” License** **National “C” License** **Either**

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)

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

**US 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: _____