



AERODROME EXEMPTION APPLICATION FORM

Aerodrome Name			
Aerodrome Operator			
Certificate Number			
Accountable Manager			
Point of Contact Name and Designation			
Email		Phone	
Relevant Aerodrome Standards			
Category under which exemption is sought			
<input type="checkbox"/> Temporary		<input type="checkbox"/> Permanent	
Circumstances that prevent compliance with the above standards			
<input type="checkbox"/> <i>further details contained in attached safety case</i>			
Proposed method for achieving an equivalent level of safety			
<input type="checkbox"/> <i>further details contained in attached safety case</i>			
Proposed Start Date		Proposed End Date	
Attachments	<input type="checkbox"/> Safety case	<input type="checkbox"/> Supporting documentation	<input type="checkbox"/> Existing exemption, <i>If applicable</i>
Declaration			
<i>I declare that I am authorized to make this application on behalf of the Applicant and that all statements in this application are true and correct in every particular and that I have read and understood all provisions of the civil aviation legislation which are relevant to this application.</i>			
Name and Signature	_____	Date	_____
	<i>Accountable/Airport Manager</i>		<i>dd/mm/yyyy</i>



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INSTRUCTIONS

- a. This form can be accomplished through handwritten or computerized; and,
- b. May add additional page/s as needed.

ITEM	DESCRIPTION
Aerodrome Name	Indicate the name of the aerodrome.
Aerodrome Operator	Indicate the name of the aerodrome operator.
Certificate Number	Indicate the number of the Aerodrome's Certificate.
Accountable Manager	Indicate the name of the Accountable Manager.
Point of Contact Name and Designation	Indicate the name and designation of the person responsible for communication.
Email	Indicate the email address of the point of contact.
Phone	Indicate the phone number of the point of contact.
Relevant Aerodrome Standards	Indicate the relevant aerodrome standards for the exemption.
Category under which exemption is sought	Tick the box whether the exemption is temporary or permanent.
Circumstances that prevent compliance with the above standards	Indicate the circumstances that prevented the compliance from the standards mentioned above.
Proposed method for achieving an equivalent level of safety	Indicate the proposed method to achieve an equivalent level of safety.
Proposed Start Date	Indicate the start date of proposal.
Proposed End Date	Indicate the end date of proposal.
Attachments	Tick the box of the applicable attachment for this application.
Name and Signature	Name and signature of the Accountable/Airport Manager.
Date	Indicate the date when application was signed and submitted.