



EXEMPTION REQUEST FOR AOC HOLDERS

SECTION ONE: APPLICANT DETAILS

Operator Name	
AOC Number:	
Name of Post Holder	
Address:	
Contact details	Phone No:
	Mobile No.:
	Fax No.:
	E-mail:
Address:	

SECTION TWO: DETAILS OF ATTACHMENTS

Attachment Number	Brief Description of Attachment	Inspector Initials

Total Number of Attachments	
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SECTION THREE: DETAILS OF EXEMPTION REQUEST

#	Required Information	Insert as much detailed information as possible or 'N/A'
1	Operator and AOC Number.	
2	Date of request	
3	Provide a full description of the Exemption from the regulations. (Attach as a separate document if necessary.)	
4	From which regulation(ANTR OPS 1) / requirement do you need the exemption	
5	Provide a detailed justification as to why the exemption should be granted, as well	Insert supporting document reference or title:



	as the extent to which the exemption may affect aviation safety	
6	You must provide a separate detailed risk assessment / SMS proposed exemption	(The risk assessment should be attached to the request as a separate document.) <input type="checkbox"/> Document

SECTION FIVE: DECLARATION:

I hereby submit this request for exemption from (insert requirement reference here).....

I confirm that I am satisfied this submission has been satisfactorily prepared and that I have checked the contents for accuracy.

Name:	Date:
Signature	

For BCAA use only

CHIEF AIRCRAFT INSPECTOR;

I hereby **ACCEPT / REJECT** this request for exemption from ANTR OPS 1()

Name:	
Signature	
Date	
Recommendation <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	
DIRECTORATE NAME	
SIGNATURE	
DATE	



Recommendation	
<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	
UNDERSECRETARY FOR CIVIL AVATION AFFAIRS	
SIGNATURE	
DATE	