



EXEMPTION APPLICATION

SECTION ONE: APPLICANT DETAILS

1 (a) Name of the Operator	
1 (b) Certificate number (e.g. AOC number, Licence Number etc.) as applicable;	
1 (c) Address:	
1 (d) Postal Address (if different from above):	
1 (e) Contact details;	Phone No.:
Mobile No.:	
Fax No.:	
E-mail address:	

SECTION TWO: DETAILS OF ATTACHMENTS

All attachments to this submission shall be recorded in the table below. Failure to declare attachments may result in a submission being returned. Incorrect number of declared attachments being attached may result in application to be rejected.

Add more rows or continue on another sheet if necessary;

Attachment Number	Brief Description of Attachment	Initials Confirming Attachment
Total Number of Attachments:		



SECTION THREE: DETAILS OF EXEMPTION REQUEST

To aid in the completion of this form it is recommended that the applicant refers to relevant ANTR's and CAP 12.

Provide as much detail as possible and as applicable to the request when completing this application to aid in the assessment and processing of your request. All elements of the form shall be completed and ensure any attachments are clearly referenced to the applicable element of the form. **NOTE: ALL EXEMPTIONS ARE TIME LIMITED.**

Add more rows or continue on another sheet if necessary;

	Required Information	Insert as much detailed information as possible or 'N/A'
3(a)	Period (timescale) for which the stated exemption is required. State the proposed commencement and end date.	
3(b)	Date of request.	
3(c)	Provide a full description of the activity you intend to conduct /purpose which requires a Exemption from the regulations (Attach as a separate document if necessary.)	
3(d)	From which regulation/requirement do you need the exemption ? (State specific regulatory / Safety Directive reference)	
3(e)	What easements from the rules do you require? (Describe the activity you intend to carry out)	
3(f)	Location – Provide a description and precise grid reference (8 digit grid reference figure), OS Sheet number or Latitude and Longitude of the location of the activity.	
3(g)	Provide the registration and type of aircraft to be used.	
3(h)	Provide the names of the pilot / crew / engineer as applicable [include any license reference as applicable].	
3(i)	What weather minima criteria are deemed by you, as the aircraft operator, to be appropriate for the activity to be conducted?	



3(j)	Is the activity to take place by day and/or by night?	<input type="checkbox"/> Day and Night <input type="checkbox"/> Day only <input type="checkbox"/> Night only
3(k)	What additional equipment (filming, external load etc.) will be carried? (Attach as a separate document if necessary.)	
3(l)	What additional personnel (cabin, ground etc.) are involved in the task? How will they be briefed? (Attach as a separate document if necessary.)	
3(m)	Provide details of the landing site or operating site. Accurate diagrams including available distances and obstructions should be included. (Attach as a separate document if necessary.)	
3(n)	Provide details of the intended performance class in which the aircraft will be operated.	
3(o)	Provide a detailed justification as to why the exemption should be granted, as well as the extent to which the exemption may affect aviation safety. Provide a separate detailed risk assessment / SMS / safety case for the proposed activity. Requests received without supporting documentation cannot be processed and will be returned.	Insert supporting document reference or title: (The risk assessment should be attached to the request as a separate document.) <input type="checkbox"/> Document
3(p)	Provide details (where applicable) of existing Operations Manual references. (Attach as a separate document if necessary.)	
3(q)	Where appropriate provide additional information including photographs on separate numbered sheets. (Attach as a separate document if necessary.)	



SECTION FOUR : NOTES

1. Any Organisation or individual may submit an exemption request. The person authorized to submit an exemption request on behalf of an organisation shall be the Accountable Manager.
2. This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed.
3. Complete this form, providing as much information as possible. This will speed up the process of dealing with your request. Please ensure that you thoroughly understand the rules.
4. The details in section one and two must be completed.
5. Additional rows in the table can be inserted as required, in order to fully summarise the amendment.
6. This form should be signed by an individual applicant applying for an exemption. (Section FIVE A)
7. This form should be signed by the applicable Nominated Person, Compliance Manager and Accountable Manager of the Applicant Organisation. (Section FIVE B)

SECTION FIVE A: SIGNATURE BLOCK (Applicable for Individuals)

Applicants Declaration ^(Note 6):

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

I confirm that that the contents herein are submitted in accordance with the applicable regulations and that the documents attached have been checked for completeness and accuracy.

Name: Date:

Signature: Position:

Please note that a **minimum** of 14 working days will normally be required to check and confirm the information given above - if data is missing or omitted the application may be rejected.

SECTION FIVE B: SIGNATURE BLOCK (Applicable for Organisations)

Nominated Person making this application; ^(Note 7) Declaration:

I confirm that that the contents herein are submitted in accordance with the applicable regulations and that the documents attached have been checked for completeness and accuracy.

Name: Date:

Signature: Position:



Compliance Managers Declaration ^(Note 7) :

I hereby recommend the submission of this request for exemption from (insert requirement reference here).....

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

Name:

Date:

Signature:

Accountable Managers Declaration ^(Note 7) :

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

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

Name:

Date:

Signature:

Please note that a **minimum** of 14 working days will normally be required to check and confirm the information given above - if data is missing or omitted the application may be rejected.

SECTION SIX: EXTRA INFORMATION

Attach any relevant tables or extra forms you need to support the application process. List the attachments in the table at SECTION TWO;



For BCAA use only.

ASSIGNED INSPECTOR'S COMMENTS:

I hereby ACCEPT & RECOMMEND / REJECT this application for exemption from (insert requirement reference here)

Name: Date:

Signature:..... Position:.....

SECTION CHIEF'S COMMENTS:

I hereby ACCEPT & RECOMMEND / REJECT this application for exemption from (insert requirement reference here)

Name: Date:

Signature: Position:

DAL / DASS / DAT COMMENTS:

I hereby ACCEPT & RECOMMEND / REJECT this application for exemption from (insert requirement reference here).....

Name: Date:

Signature: Position:

UNDERSECRETARY OF CIVIL AVIATION

I hereby APPROVE / REJECT this application for exemption from (insert requirement reference here).....

Name: Date:

Signature: Position: