

EXEMPTION APPLICATION FORM

Please complete this form electronically (preferred method) then print, sign and submit to the Authority through the email dalabrosse@scaa.sc. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink and submit through the above-mentioned email address.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the issue of any authorization/approval. Persons doing so render themselves liable and subject to prosecution under the current applicable regulation.

Instructions for completing this form.

1. This application for exemption must be submitted at least 30 days from the proposed exemption start date.
2. Incomplete application forms and failure to provide necessary documentation will result in rejected application.
3. Additional sheets may be used if required but must be annotated to indicate respective field.

Note: Applicants will be charged for the processing of exemptions, whether the exemption is granted.

1. Applicant Details			
Operator Name:			
Postal Address			
Tel:	Fax:	Email:	
2. Details of Requested Exemption			
Specific requirement or regulation from which the exemption is sought			
Type of operations to be conducted under the proposed exemption			
Description of personnel, equipment, instrument, facility or activities covered by the exemption being sought.			
Exemption Duration	Start Date:	End Date:	
An application for an exemption shall be submitted not less than 30 days in advance of the proposed effective date of the exemption. Where an application is submitted less than 30 days, the applicant must provide reasonable justification and supporting evidence for the application not being submitted within the prescribed timeframe. Failure to provide justification may result in rejected applications.			
Justification for application less than 30 days from exemption start date:			

An explanation of why the exemption is required: (State the reason why compliance comply with the regulation is not possible and the nature of the relief requested from that regulation)

An explanation of how the exemption would be in the public interest and will benefit the public as a whole:

State any safety concerns (with detailed description) or information about any relevant accidents or incidents, of which you are aware of, that occurred as a result of deviation from this requirement.

Confirm if operations under the proposed exemption will be conducted outside the territory of Seychelles.

Yes

No

If yes, indicate whether the exemption would contravene any provision of the standards and recommended practices of the international civil aviation organization (ICAO) as well as the regulations pertaining to the territory in which the operation will occur.

State the risk level determined for the exemption being sought. (Attach your risk assessment with this application)

Provide a list (with detailed description) of alternative means by which an equivalent level of safety to that established by the regulation will be maintained and any risks identified will be mitigated.

Applicant Name:		Signature:
Position:		
Date:		

AUTHORITY USE ONLY

Do the conditions identified by the applicant mitigate all the risks identified through risk assessments carried out?

Yes

No

If no, list down other conditions that will be required to fully mitigate the risks:

Has coordination with other inspectorate/departments or external organizations been necessary to complete the assessment? If so, attach evidence of all coordination conducted.

Principal Inspector Comments:

Recommendation for Exemption to be Granted:

Yes

No

Name:

Date:

Signature:

Head of Flight Operations and Flight Crew Licensing Inspectorate Comments:

Name:

Date:

Signature:

General Manager Safety and Security Regulation Comments and Approval

Name:

Date:

Signature:

Exemption Granted:

Yes

No