



SIERRA LEONE CIVIL AVIATION AUTHORITY

**APPLICATION FOR EXEMPTION
AERODROME SAFETY STANDARDS DIVISION**

**Form No:
AC-AGA032-00**

(To be Completed by the Party Making the Request)

NOTES:

1. Applications for exemptions are made in compliance with the SLCAR Part 22 (based on the applicability of the provisions of SLCAR Part 22).
2. Applications for exemptions must be submitted to the Director General at least 60 days before the required effective date of the exemption. If a shorter period is required due to urgency, a detailed motivation to such effect must accompany the application.
3. A separate form must be submitted for each individual application.
4. A Letter of Request and all pertinent documents in support of the test must be submitted together with this form.
5. It is an offence to make any false representation with the intent to deceive, for the purpose of procuring exemption.
6. Application not completed in all respect and not accompanied with relevant enclosures is likely to be rejected.

1. PARTICULARS OF THE APPLICANT

NAME OF APPLICANT	ADDRESS OF APPLICANT
TELEPHONE / FAX	CONTACT PERSON
DATE REQUEST IS MADE	

2. PARTICULARS OF THE AERODROME

NAME OF AERODROME	REGION	POSITION (MAGNETIC COORDINATE)	
		LONGITUDE	LATITUDE

AERODROME CERTIFICATE NUMBER

3. DETAILS OF THE APPLICATION

REGULATORY PROVISIONS AFFECTED

DETAILS OF EXEMPTION SOUGHT

BACKGROUND INFORMATION

PERIOD FOR WHICH THE EXEMPTION IS REQUIRED

4. TEST

AVIATION SAFETY

What factors were considered to ensure aviation safety is not affected? Identify criteria and formulate as conditions of the exemption that provide an acceptable level of safety:

- (a)
- (b)
- (c)
- (d)
- (e)

PUBLIC INTEREST

What factors were considered in the determination of Public Interest? Identify criteria:

- (a)
- (b)
- (c)
- (d)
- (e)

5. PROPOSED CONDITIONS BY THE APPLICANT

What factors were considered to ensure aviation safety is not affected? Identify criteria and formulate as conditions of the exemption

- (a)
- (b)
- (c)

(d)
(e)

6. PROPOSED PLAN OF ACTION BY THE APPLICANT

(FOR TEMPORARY EXEMPTIONS)

7. PROPOSED PLAN OF ACTION BY THE APPLICANT

(FOR PERMANENT EXEMPTIONS)

8. CERTIFICATION

I hereby certify that the forgoing information is correct in every respect and no relevant information has been withheld. I also undertake the responsibility for annually reviewing the conditions or mitigation measures and any other resultant non-compliance in particular when any significant changes in the aerodrome activity and development are proposed.

SIGNATURE OF APPLICANT

DATE: _____

NAME: _____ (In Capital Letters)

POSITION HELD: _____ (With Official Seal)