

Instructions for completing this form – please read

1. This application for exemption must be submitted at least 2 months from the proposed exemption date.
2. Forms which are incomplete or lacking any required documents will be returned.
3. Note: In accordance with Civil Aviation (Fees & Charges) Regulations, there is a charge to cover the cost of processing exemptions, whether or not the exemption is granted.

4. Operator Name			
5. Postal Address			
6. Tel:	7. Fax:	8. Email:	
9. Specific requirement or regulation from which the exemption is sought			
10. Type of operations to be conducted under the proposed exemption			
11. The proposed duration of the exemption			
12. An explanation of why the exemption is needed: <i>(State the reason why you are not able to comply with the regulation and the nature of the relief requested from it)</i>			
13. An explanation of how the exemption would be in the public interest and will benefit the public as a whole:			
14. Is there any safety concerns or information about any relevant accidents or incidents, of which you are aware of, that occurred as a resulted of deviation from this requirement? If yes, the please describe (use additional sheets if required):			
15. Do you seek to operate under the proposed exemption outside of Fiji Airspace?		Yes	No
16. 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 airspace in which the operation will occur.			
17. What is the risk level determined by your risk assessment for this exemption? <i>(Please attach your risk assessment with this application)</i>			

18. Please list down (with detailed description) of alternative means (conditions) by which you will ensure a level of safety equivalent to that established by the regulation is maintained and the risks identified in through you risk assessment (above) are mitigated. (use additional sheets if required)

CAAF Risk assessment risk level:

Do the conditions identified by the applicant (in 15 above) 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:

Exemption Granted: **Yes** **No**

Staff Comments:

Name:

Title:

Sig:

Date:

Department Head Comments:

Name:

Title:

Sig:

Date:

LEM Comments:

Sig:

Date:

Other Department Comments (If applicable):

Applicant Name:	Sig:	Date:
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CAAF Use only

Name: Title: Sig: Date:		
Chief Executive Comments: Sig: Date:		
EA: Exemption List updated (on Intranet): Sig: Date:		