

APPLICATION AND EVALUATION OF EXEMPTION

PART A (TO BE COMPLETED BY THE APPLICANT)*

1. PARTICULARS OF THE APPLICANT/CERTIFICATE HOLDER

1.1	Request made by:
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1.2	Name of Organisation:
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1.3 Principal place of business:	1.4 Postal address: Postal code:
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1.5 Telephone number:	1.6 Telefax number:
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1.7 Cellular phone number:	1.8 E-mail address:
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1.9 SITA code (if any):	1.10 Telex number:
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2. PARTICULARS OF THE REQUESTED EXEMPTION*

Details of regulatory requirement (NAMCAR/NAMCATS)		Details of Request (include reasons for the request and duration of the Exemption)	Safety Risk Assessment Done		Alternative means of compliance / mitigations proposed	
Regulation No and paragraph	Details of regulation		Yes (Attach report)	No	YES (attach report)	NO

3. Explain which sub-clause (a) through (d) of NAMCAR 3.03.1 is applicable to the exemption request, include reasoning*

4. Explain the interests of the applicant in the exemption requested, including the nature and extent of the exemption requested, and a description of each person or thing to be covered by the exemption*

5. Information, views, arguments, or support (attach documents if required)*

6. Explain why it is believed that the exemption should be granted, including the reasons why it would not be possible or desirable to comply with the requirement which is the subject of the application, as well as the extent to which the exemption may affect civil aviation safety and security;*

7. PUBLIC INTEREST FACTORS CONSIDERED

a)

b)

c)

8. SAFETY FACTORS CONSIDERED

(Attach safety risk assessment)

a)

b)

c)

9. DETAILS OF PROPOSED ALTERNATIVE MEANS OF COMPLIANCE/MITIGATIONS *

1)
2)
3)

10. DOCUMENTS ATTACHED

1)
2)
3)

11. DETAILS OF SERVICE PROVIDER'S CERTIFICATE (AS APPLICABLE)

11.1 Certificate number:	11.2 Expiry date:
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12. DETAILS OF FEE PAID*

(Attach Proof of Payment)

12.1 Invoice number:	12.2 Date of Payment:
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13. DECLARATION BY THE APPLICANT*

8.1The applicant/holder hereby declares that the information provided in this application is correct and that no relevant information has been withheld.	
..... Signature Date

Note: items marked with an * are compulsory

PART B: (FOR USE BY THE NCAA)

1. TO BE COMPLETED BY THE SENIOR MANAGER

Received by (Name):	Signature:	Date:
Officer assigned for assessment:		
Remarks by the Senior Manager:		

2. EXEMPTION APPROVAL CHECKLIST (TO BE COMPLETED BY EVALUATING OFFICERS)

Assessment Code: S – Satisfactory N/S- Not Satisfactory N/A – Not Applicable

2.1 STEP 1: INITIAL EVALUATION OF APPLICATION (To be completed by inspector assigned by the Senior Manager)

No	Compliance Question	S	N/S	N/A	Remarks
1	Has the application been submitted using the prescribed Form FSS-GEN-201-04				
2	Has the applicant completed all the relevant Sections in Part A of Form FSS-GEN-FORM-201-04				
3	Has the applicant specified the specific regulations/standards from which the exemption is sought?				
4	Has the applicant clearly specified the details of the exemption sought?				
5	Do the details include the reasons why the exemption is sought?				
6	Do the details include the duration of the exemption?				
7	Is the duration of the exemption not longer than 180 days?				

No	Compliance Question	S	N/S	N/A	Remarks
8	Has the applicant clearly indicated the applicability in terms of 3.03.1 in making the application for exemption?				
9	Has the applicant clearly indicated the factors considered in making the request?				
10	Do the factors include public interest and safety factors considered?				
11	Has the applicant proposed alternative means of compliance with regulatory requirements including mitigation measures to ensure safety is not compromised?				
12	Has the applicant submitted all relevant documents to support the application?				
13	If certified, has the applicant provided the details of the certificate in force?				
14	Is the application for exemption submitted as part of an application of a certificate/approval?				
15	Are there any known safety concerns that are yet to be addressed by the applicant?				
16	Has the applicant paid the applicable fees?				
Recommendations:					
Name and Stamp		Signature		Date	

2.2 STEP 2: EVALUATION OF SAFETY IMPLICATIONS (To be completed by Safety Specialist)

No	Compliance Question	S	N/S	N/A	Remarks
17	Are there safety implications should the exemption be granted?				
18	What are the safety implications should this application for exemption be granted?				
19	Has the applicant conducted and submitted a safety risk assessment for all the identified safety implications?				
20	Is the safety risk assessment acceptable?				
Recommendations:					
Name and Stamp		Signature		Date	

**2.3 STEP 3: EVALUATION OF RISK ASSESSMENT AND PROPOSED MITIGATIONS
(To be completed by the Safety Specialist)**

No	Compliance Question	S	N/S	N/A	Remarks
21	Has the risk assessment been done using appropriate risk management tools?				
22	Is the risk assessment done by the applicant adequate for all the risks identified for this exemption application?				
23	Are the proposed alternative means of compliance, including the proposed mitigations appropriate for the management of the risk assessed?				
Recommendations:					

NOT RECOMMEND THAT APPROVAL BE GRANTED / APPLIED TO THE ABOVE APPLICATION

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Name and Stamp

Signature

Date

2.6 RECOMMENDATION BY GENERAL MANAGER: SAFETY

THIS **EXEMPTION** HAS BEEN REVIEWED IN ACCORDANCE WITH NAMCAR (PART 3) REQUIREMENTS CURRENTLY IN FORCE AND THE CHECKLIST ABOVE. I **DO / DO NOT RECOMMEND THAT APPROVAL BE GRANTED / APPLIED TO THE ABOVE APPLICATION**

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Name and Stamp

Signature

Date

2.7. APPROVAL BY THE EXECUTIVE DIRECTOR

AFTER THOROUGH EVALUATION OF THE EVIDENCE PROVIDED, I HEREBY **DO / DO NOT GRANT EXEMPTION TO NAMCAR** _____ **SUB PARAGRAPH** _____.

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Date granted:/...../20.....

Date of Expiry:...../...../20....

Executive Director

Stamp and Signature

Date