
	Company Name □□□□□□ □□□ □□□□□ □□□□□□ ETHIOPIAN CIVIL AVIATION AUTHORITY	Document No. ECAA/AGA/OF/004	
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EXEMPTION APPLICATION FORM

(To be completed by the party making the request)

1. <u>Detail of Applicant</u>		
Name of Aerodrome:		
Physical Address:		
Postal Address:		
Contact Person Details	Name	Designated Position
Telephone		
Fax.		
Email		
2. <u>Detail of Exemption</u>		
2.1 Date of Request made		
2.2 Relevant provisions of ECARAS for which exemption is sought. State in full. E.g. ECARAS Part 12 section 12.5.9.		
2.3 Related Standards (MOIS reference section)		
2.4 The grounds for the exemption(ECARAS reference section)		
2.5 The reasons why the exemption is needed.		
<i>State the reason you are not able to comply with the rule and the nature of the relief requested from it. (The reasons provided should be detailed and self-explanatory)</i>		
2.6 Period for which exemption is required.		
2.7 If the exemption will affect a particular kind of operation, the details thereof		
2.8 Justification		
<i>Provide any information you can to support your petition and, in particular, evidence to confirm you meet the grounds on which the exemption is sought.</i>		
2.9 Comment on the safety issues that may arise if the exemption is granted.		

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2.10 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)

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

a)
 b)
 c)

File Attachments	Letter of Request, All pertinent documents in support of the test including report of aeronautical studies and risk assessment conducted as indicated by advisory circular numbered ECAA-AC-AGA 003 provides guidance on the conduct of aeronautical study. Applicants are advised to obtain copies of this circular and utilize the material contained therein as necessary
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Name of Applicant	Designated position	Signature	Date
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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 reviewing the conditions or mitigation measures and any other resultant non-compliance in particular when any significant changes are proposed.

SIGNATURE OF APPLICANT.....

DATE.....

NAME.....
(in capital letters)

POSITION HELD.....
(official seal)