APPLICATION FOR EXEMPTION

Kuwait DGCA may grant exemptions from the substantive requirements laid down in KCASR regulations in the event of unforeseen urgent operational circumstances, operational needs of a limited duration or any reason accepted by the DGCA, provided the level of safety is not adversely affected.

Applicants seeking exemption shall take all the suitable measures to maintain an acceptable level of safety.

Applicants seeking exemption must submit all the required information and supporting documents, as detailed in each section of this form, and allow 30 days before the proposed effective date of the exemption. Where an applicant seeks emergency processing, the application must contain supporting facts and reasons why the application was not filed in a timely manner, and the reasons it is an emergency.

1. APPLICANT'S DETAILS:		
1.1 Applicant's Name		
1.2 Company Name (if different from 1.1)		
1.3 Applicant Address (registered business address/address of registry)		
1.4 Certificate/Approval/Licence No.		
1.5 Contact Person (responsible for this application)	Title	☐ Mr. ☐ Mrs.
	Name:	
	Job title:	
	Mobile/Tel.:	
	Email:	

2. EXEMPTION DETAILS:
2.1 The regulation from which the exemption is sought *(State in full the KCASR reference)*
2.2 The reason for Exemption *(State the reason you are not able to comply with the requirements and the relief requested from it and whether it is an application for initial exemption or extension of an existing exemption)*

2.3 Justification *(Provide any information to support your exemption request and, in particular, evidence to confirm you meet the grounds on which the exemption is sought)*
2.4 Associated implications if such exemption is not granted
2.5 Comment on the safety issues that may arise if the exemption is granted or rejected
2.6 Details of safety risk assessment conducted, and mitigation measures established to maintain an equivalent level of safety *(attach any documents supporting your claims)*

3. REQUESTED DURATION OF EXEMPTION:	
Exemption start date and time (in UTC)	**Exemption end date and time (in UTC)**

4. DECLARATION:

(Shall be completed and signed by the Accountable Manager)

I hereby declare that the information provided in this application is correct and that no relevant information has been withheld. I have understood that I am submitting an application for which fees or changes will be levied by DGCA in accordance with the KCASR Part 27.

4.1 Name:	
4.2 Contact number & Email:	
4.3 Date:	
4.4 Signature & Stamp:	

5. DELIVERY AND PAYMENT INSTRUCTIONS:

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:

Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.

Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 ***OR*** **Email: safety@dgca.gov.kw**

Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees

Cheque, Demand Draft etc. made payable in favor of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
Name of Bank	**CENTRAL BANK OF KUWAIT**
Branch	**KUWAIT**
Account Name	**DIRECTORATE GENERAL OF CIVIL AVIATION**
Account Number	**11023041**
IBAN Number	**KW 17 CB KU 00000000000000011023041**
Bank Code/ Sort Code/ Swift Code	**CBKUKWKW**
Currency of Payment	**KWD**

FOR DGCA USE ONLY			
Checklist and Evaluation of Exemption Package		**Y/N**	**Satisfactory/Not satisfactory** *(Add any comments)*
1	Has the applicant clearly specified the details of the exemption sought?		
2	Do the details include the reasons why the exemption is sought?		
3	Do the details include the duration of the exemption?		
4	Has the applicant clearly indicated the factors considered in making the request?		
5	Do the factors include public interest and safety factors considered?		
6	Has the applicant proposed implementing mitigation measures to ensure safety is not compromised?		
7	Has the applicant submitted all relevant documents to support the application?		
8	If certified, has the applicant provided the details of the certificate in force?		
9	Is the application for exemption submitted as part of an application of a certificate/approval?		
10	Are there any known safety concerns that are yet to be addressed by the applicant?		
11	Has the applicant conducted and submitted a safety risk assessment for all the identified safety implications?		
Legal Considerations		**Y/N**	**Specify if Yes**
1	If granted, will this exemption infringe on any other DGCA regulatory requirements?		
2	If granted, will this exemption infringe on the provisions of any other laws of the State?		
3	Are there any other legal implications relative to this application?		

Application:	☐ **Approved** ☐ **Rejected**	
Dept./Division responsible for evaluating Exemption:		
Inspector Signature & Stamp:		**Date:**
ASD Director Signature & Stamp:		**Date:**