

# APPLICATION FOR AN EXEMPTION FORM: AED-F-010

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| REPUBLICA DE CABO VERDE  AAC Logo  Civil Aviation Authority | APPLICATION FOR an Exemption |

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| 1. **PARTICULARS REGARDING THE APPLICANT** |
| * 1. Full name (Co. Representative):   2. Company (if applicable):   3. Full business/residential address:   4. Name of person who can be contacted for further information concerning this application:   5. Postal address:       Telephone number:       Fax number:   6. Agent for service (if different from the applicant)   7. Postal address:       Telephone number:       Fax number: |

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| 1. **APPLICATION DETAILS** |
| * 1. The specific sections of CV-CAR. from which an exemption is sought: |
| * 1. The category under which exemption sought (TEMPORARY/ PERMANENT) |
| * 1. Description of the type of operations to be conducted under the proposed exemption; |
| * 1. The proposed duration of the exemption:   Start Date       End Date |
| * 1. An explanation of how the exemption would be in the public interest, that is, benefit the public as a whole; |
| * 1. A detailed description of the alternative means to ensure a level of safety equivalent to that established by the Regulation in question; |
| * 1. A summary to be published in AAC web-site stating the rule from which an exemption is sought and a brief description of the nature of the exemption sought: |
| * 1. A review and discussion of any known safety concerns with the requirement, including information about any relevant accidents or incidents of which the applicant is aware; |
| * 1. Whether and why the privileges of this exemption are needed to be exercised outside of Cabo Verde or may impact international operations (if applicable): |
| * 1. If the applicant has urgency, indicate the facts and reasons that explain why the application was not timely submitted, and the reasons why this is an emergency. |

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| 1. **APPLICANT DECLARATION** | | |
| I hereby declare that the particulars entered on this application and the attached AAC is accurate in every respect. | | |
| Print Name | Signature | Date |

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| 1. **AAC USE ONLY : RECOMMENDATION TO ISSUE/DENY AN EXEMPTION** | | |
| The above referenced exemption and its documents have been evaluated in accordance with the Civil Aviation Regulations currently in force. It is recommended that the exemption be  **ISSUED from**      /     /       **to**      /     /      with the following limitation and condition  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  **DENIED** | | |
| for the following reasons:  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………… | | |
| AAC Inspector name | Signature | Date |

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| **AAC President** | | |
| I hereby Approve the  Issue of the Exemption from      /     /      to      /     /      with the following limitation and condition  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  Denial  for the following reasons:  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………… | | |
| AAC President name | Signature | Date |