



EXEMPTION REQUEST FORM

Name/Company	
Contact person	
Contact Address	
Contact Phone Number	
Contact Fax Number	
Regulation requesting to exempt	
Issue	
Applicability Person/s/ Entity/ Aircraft	

TEST:	(Use additional sheets if required)
<p>1. PUBLIC INTEREST:</p> <p>What factors were considered in the determination of Public Interest? Identify criteria:</p> <p>Are conditions related to Public Interest required?</p>	
<p>2. AVIATION SAFETY:</p> <p>What factors were considered to ensure aviation safety is not affected? Identify criteria and formulate as conditions of the exemption:</p>	

3. PROPOSED CONDITIONS BY PARTY MAKING THE REQUEST:

Conditions identified to mitigate any potential risk resulting from regulatory requirements being exempt:

DECLARATION

I hereby declare that the information I have provided is true and correct

Name _____ Designation _____

Signature _____ Date _____

SUBMISSION AND PAYMENT INSTRUCTIONS

Send your completed application form with all pertinent documents in support of the “Test” to Civil Aviation Department, 7th Floor, P.A Complex, Hilaalee Magu, Male' 20307, Republic of Maldives, together with MRF/US\$ being the fee payable in accordance with MCAR-187.

Cheques should be made payable to 'Civil Aviation Department' and cheques should be drawn on a bank in the United States of America or a bank in the Maldives. If the organisation wishes to pay by Telex Transfer, the bank details of CAD is available upon request.

CAD USE ONLY

Fee Receipt No.:			
Assessed by:	Name & Signature	Remarks	
Issuing Authority	Approved <input type="checkbox"/>	Name & Signature	Office Stamp
	Rejected <input type="checkbox"/>		
Reason if rejected			