



CIVIL AVIATION AUTHORITY EXEMPTION SEEKING PROFORMA

CAAF-148-LCXX-1.0

Directorate of Personnel Licensing

PART I (to be filled by Applicant)

Name of Applicant

CAA Ref: / License No

Name of Organization (if applicable)

Please mention CAA ANO/ Rule against which exemption is required:
(Please refer to ANO-003-DDRG)

Please select relevant block against which exemption is required:
(Attach reference document, if applicable)

OEM

CAA Regulations

TPM/ OM

Others

Reason for seeking exemption in detail:
(*additionally fill the questionnaire attached as App-A.)

Proposed Risk Mitigation to ensure safety of operation:
(Attach additional documents, if required)

Copy of last valid License / Certificates is attached (if applicable)

Yes

No

Signature of Candidate

Signature & stamp of approved person of Organization

PART II

(to be filled by Rep. of Personnel Licensing Directorate)

Acceptability of Safety Assessment:

Signed: _____

Date: _____



CIVIL AVIATION AUTHORITY
EXEMPTION SEEKING PROFORMA

CAAF-148-LCXX-1.0

Directorate of Personnel Licensing

PART III

(to be filled by Director Personnel Licensing)

Exemption:

Recommended / Not Recommended

Remarks:

Signed: _____

Date: _____

PART IV

Exemption:

Approved / Not Approved

Signed: _____

Date: _____

Director General
Civil Aviation Authority

Questionnaire

S No.	Statement	Yes	No	N/A
01	Are there any accident/ incident reported related to the exemptions sought?			
02	Has a related waiver/ exemption was availed earlier?			
03	Will the exemption impact the safety of aircraft?			
04	Will the exemption impact the safety of personnel on board?			
05	Are there risks involved with the exemptions sought?			
06	Does the operator have means to ensure safety, if exemption is granted?			
07	Does the exemption sought have any impact on compliance with ICAO standards?			
08	List the hazards associated with the exemption sought along with likelihood of hazard materializing*.			
09	Approximate duration for which exemption is required.			
10	Proposed mitigation actions for the identified hazards as mentioned in S No. 08*.			

**(Attach separate pages, if required)*