



EXEMPTION APPLICATION FORM

SECTION 1: TO BE COMPLETED BY THE APPLICANT		
APPLICANT INFORMATION:		
Name of Applicant <i>(Operator/ organisation name or person name)</i>		
Certificate/Approval/ License No. and Expiry Date (if applicable)		
Contact Details	Name:	
	Title/Position:	
	Tel:	
	Email:	
	Address:	
RELATED DIVISION TO THE EXEMPTION BEING SOUGHT		
Flight Operations ☐	Airworthiness ☐	Air Navigation Services ☐
Aviation Security ☐	Aerodrome and Ground Aids ☐	Personnel Licensing ☐
Others (specify):		
APPROVED TYPE OF OPERATIONS (if applicable)		
Schedule ☐	Non – Schedule ☐	Passenger ☐
Cargo ☐	Approved Organisation ☐	Others (specify):
REGULATORY REQUIREMENT FOR WHICH EXEMPTION IS SOUGHT:		
Regulation/ Requirement / Standard <i>(cite exact paragraph or provision and titles)</i>		
DETAILS OF THE PROPOSED EXEMPTION:		
Requested Relief <i>(Describe exactly what compliance requirement is to be exempted and the proposed extent of the exemption)</i>		
Individuals/ Operations Affected <i>(Specify who or what will be covered by the exemption (aircraft, routes, personnel, etc.)</i>		



REASON AND JUSTIFICATION	
Operational Justification (Explain why this exemption is necessary. What circumstances prevent compliance?)	
Associated Implication if Not Granted (Briefly describe the consequences if the exemption is not approved)	
RISK ASSESSMENT REPORTS	
Safety and Risk Assessments, Analysis, Aeronautical Studies (attached reports if applicable): Mitigation Measures Adopted: Indication as to when compliance can be expected: [] attached reports in separate documents	
HOW THE EXEMPTION WILL BENEFIT THE PUBLIC (PUBLIC INTEREST):	
What factors were considered by the applicant in the determination of Public Interest? a) _____ b) _____ c) _____ [] additional factors, attached in separate documents Are conditions related to Public Interest required? 	
PROPOSED METHOD FOR ACHIEVING AN EQUIVALENT LEVEL OF SAFETY/SECURITY	
What factors were considered by the applicant to ensure equivalent level of Safety/Security? Identify criteria and formulate as conditions of the exemption: d) _____ e) _____ f) _____ [] additional factors, attached in separate documents	



Any Known Safety/ Security Concerns (including relevant accidents/ incidents)			
DURATION OF EXEMPTION			
Requested Start Date		Requested End Date	
Is this a one-time exemption or are you planning to apply for renewal if needed?		Yes ☐ No ☐	
Indicate which other parties may be affected by the grant of exemption		Airlines ☐	Air Traffic Control ☐
		Air Crew ☐	Maintenance Organisation ☐
		Security ☐	Training Organisation ☐
		Aerodromes ☐	Rescue and Fire Fighting ☐
		General Public ☐	Other (Specify):
PREVIOUS OR RELATED EXEMPTIONS			
Have you or your organization previously been granted a similar exemption?		Yes ☐ No ☐	
If yes, provide reference number or details:			
If this is a renewal of a current exemption, list the current exemption reference:			
ATTACHMENTS CHECKLIST			
[]	Detailed Safety Risk Assessment Document		
[]	Supporting documentation (e.g., maintenance reports, training records, third-party letters, etc.)		
[]	Existing exemption, if applicable		
[]	Copy of relevant current certificate or license (if needed for context)		
[]	Any other pertinent documentation:		
Declaration			
<i>I hereby certify that the information provided above and in attached documents is true and complete to the best of my knowledge. I understand the safety obligations associated with the granting of an exemption and commit to implementing any conditions imposed by Brunei DCA to ensure safety. I acknowledge and agree that the details of this exemption, if granted, will be published on the Brunei DCA website for public information.</i>			
Name/Position		Sign/Date	