

 <p>الطيران المدني Civil Aviation الإدارة العامة للطيران المدني - دولة الكويت Directorate General of Civil Aviation - State of Kuwait</p>	<p>State of Kuwait</p>  <p>دولة الكويت</p>	 <p>ASD Aviation Safety إدارة سلامة الطيران Department</p>
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EXEMPTION/DEVIATION APPLICATION FOR THE EXTENSION OF FDTL

EXEMPTION ☐ DEVIATION ☐

Kuwait DGCA may grant Exemption/Deviation 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/deviation shall take all the suitable measures to maintain an acceptable level of safety.

Applicants seeking exemption/deviation must submit all the required information and supporting documents, as detailed in each section of this form.

1. APPLICANT'S DETAILS:				
Applicant's / Company Name				
Applicant Address (registered business address)				
Certificate Approval/Licence No.				
Contact Person (responsible for this application)		Name:		
		Job title:		
		Mobile/Tel.:	Email:	
2. EXEMPTION/DEVIATION DETAILS:				
Planned: <input type="checkbox"/>		Unplanned: <input type="checkbox"/>		
OPERATOR:	FLIGHT No.:	REGISTRATION: 9K -	A/C TYPE AND SERIES:	
DATE:	TIME (UTC):	SECTORS:		
NATURE OF FLIGHT				
SCHEDULED PASSENGER <input type="checkbox"/>	NON-SCHEDULED PASSENGER <input type="checkbox"/>	SCHEDULED FREIGHT <input type="checkbox"/>	NON-SCHEDULED FREIGHT <input type="checkbox"/>	
PRIVATE <input type="checkbox"/>	FERRY <input type="checkbox"/>	VIP <input type="checkbox"/>	POSITIONING <input type="checkbox"/>	TEST/TRAINING <input type="checkbox"/>
STATE NAME(S) OF ALL CREW WHOSE FDT IS EXTENDED AND THEIR OPERATING CAPACITY:				
NAME	CAPACITY	NAME	CAPACITY	
1.		10.		
2.		11.		
3.		12.		
4.		13.		
5.		14.		
6.		15.		
7.		16.		
8.		17.		
9.		18.		

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3. The reason and justification for Exemption/Deviation: (State the reason and justification you are not able to comply with the requirements and the relief requested from it, and provide any information to support your exemption/deviation request and evidence to confirm you meet the grounds on which the exemption/deviation is sought)

4. REQUESTED DURATION OF EXEMPTION/DEVIATION:

Exemption/Deviation start date and time (in UTC)	Exemption/Deviation end date and time (in UTC)

5. Fatigue Risk Management (FRM) Statement: (Shall be completed and signed by the Flight Operations Director);
I hereby confirm that the information provided in this application is based on the Fatigue Risk Assessment and the Captains' discretion, and I assure that no relevant information has been withheld.

Name:	Contact No.:
Signature & Stamp:	Date:

6. DECLARATION: (Shall be completed and signed by the Accountable Manager)
I hereby state that the information provided in this application is correct and that no relevant information has been withheld. I have understood that I am applying for which fees or changes will be levied by DGCA in accordance with KCASR Part 27.

Name:	Contact No.:
Signature & Stamp:	Date:

7. 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 000000000000000011023041
Bank Code/ Sort Code/ Swift Code	CBKUKWKW
Currency of Payment	KWD

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FOR DGCA USE ONLY			
Checklist and Evaluation of Exemption/Deviation Package		Y/N	Satisfactory/Not Satisfactory (Add any comments)
1	Has the applicant clearly specified the details of the exemption/deviation sought?		
2	Do the details include the reasons why the exemption/deviation is sought?		
3	Do the details include the duration of the exemption/deviation?		
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 and Fatigue Risk Management (FRM) is not compromised? (Kindly check Item 5 of this application is endorsed by the authorized personnel)		
7	Has the applicant submitted all relevant documents to support the application?		
8	Are there any known safety concerns that are yet to be addressed by the applicant?		
9	Are there any other legal implications related to this application?		

Application:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Flight Operations Inspector Signature & Stamp:		Date:
Head of Flight Operations Signature & Stamp:		Date:
AVIATION SAFETY DIRECTOR Signature & Stamp:		Date: