



SWAZILAND CIVIL AVIATION AUTHORITY

SW/FSD/AGA/F/004

Application form for exemption, to be filled by the operator

PART 1. Particulars of the Applicant

1.1 Full Name:	
1.2 Trade Name:	
1.3 Full Business / Residential address:	
1.4 City:	
1.5 Email address:	
1.6 Telephone Number:	
1.7 Fax, Telex or other contact (if any)	
1.8 The applicant declares hereby that the particular provided in the application are true in every respect	
----- Signature	----- Date

PART 2 : Particulars of the deviation

2.1 Name of aerodrome:
2.2 Specification of regulations for which deviation is requested:
2.3 Reasons for applying for deviation(s):

PART 3: SUPPORTING DOCUMENTS

3.1 Supporting Documents Mark the appropriate block <input type="checkbox"/> Aeronautical studies <input type="checkbox"/> Additional supporting document (specify) Description
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