

AVIATION SAFETY FORMS MANUAL

Doc Ref: AS/FM/01



SECTION:	GENERAL TECHNICAL FORMS	GTF-WAC-001
TITLE:	APPLICATION FOR A WAIVER	

1. Name of Operator/Organization: License/Certificate/Approval number:		2. Name of Accountable Person:	
3. Permanent mailing address:		City:	Tel.:
4. Detailed description of proposed waiver/operation including proposed wording for Certificate of Waiver/Aerodrome Certificate - Part III as applicable (attach supplement if needed):			
5. Applicable Yemen Civil Aviation Regulations (YCAR) or other mandatory requirements for which the waiver applies:			
6. Justification and means of achieving acceptable safety level (if applicable). (attach supplement if needed):			
7. Required duration of a waiver Beginning (Date): Ending (Date):			
8. Certification – I CERTIFY that the foregoing statements are true and that I accept full responsibility for the strict observance of the terms of the Certificate of Waiver, if granted, and understands that the authorisation contained in such certificate will be strictly limited to the above Waiver requirement. I understand that application shall be submitted at least 30 days prior to the requested date of the waiver requirement. If the waiver is time-limited then I will ensure to surrender to the CAMA the certificate granted (if any) and certify that will stop exercising the flexibility provisions granted until the time an new waiver has been granted.			
Note: This application must include all substantiating/justification evidence required for the grant of this Waiver.			
Date		Signature of Applicant	

Instructions: Applicants for air show/air race shall include information on the aircraft make, model, registration and respective pilot's details and credentials, the organisation sponsoring the event and as well as it details, a description of the provisions in place for policing the event, of the emergency facilities in place (physician, fire truck, ambulance, etc...), of the method for controlling traffic including provision for arrival and departure of other traffic, of the

AVIATION SAFETY FORMS MANUAL

Doc Ref: AS/FM/01



SECTION:	GENERAL TECHNICAL FORMS	GTF-WAC-001
TITLE:	APPLICATION FOR A WAIVER	

schedule of Events (include arrival and departure of scheduled aircraft and other periods the airport may be open), and a properly marked Topographic Quadrangle Map(s) of the proposed operating area.

AVIATION SAFETY FORMS MANUAL

Doc Ref: AS/FM/01



SECTION:	GENERAL TECHNICAL FORMS	GTF-WAC-001
TITLE:	APPLICATION FOR A WAIVER	

--- FOR CAMA USE ONLY ---

TECHNICAL REVIEW/CONSULTATION ⁽¹⁾⁽²⁾

Reviewer sequencer	Position	Impact on SARPs	Review outcome	Name	Signature	Date	AVSEC required?	Comment
1		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
2		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
3		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
4		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
5		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	

AVIATION SAFETY FORMS MANUAL

Doc Ref: AS/FM/01



SECTION:	GENERAL TECHNICAL FORMS	GTF-WAC-001
TITLE:	APPLICATION FOR A WAIVER	

Reviewer sequencer	Position	Impact on SARPs	Review outcome	Name	Signature	Date	AVSEC required?	Comment
6		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
7		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
8		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Applicable <input type="checkbox"/> Not Appl	
9	Chief – National Legislation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Manager – Legislation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(1) Steps are:

- (a) Inspector receives the application and with consultation with Chief – National Legislation decides who else must be consulted. The positions mentioned in column number 1 must be consulted.
- (b) Both will decide if the demand qualifies for a waiver (i.e. maybe there is another means to achieve the expected outcome).
- (c) Both will verify that the supporting documents are sufficient. National Legislation cannot act as final decision-maker if he/she has any objection – his/her objection must be added.

AVIATION SAFETY FORMS MANUAL

Doc Ref: AS/FM/01



SECTION:	GENERAL TECHNICAL FORMS	GTF-WAC-001
TITLE:	APPLICATION FOR A WAIVER	

(2) Directors of the discipline involved must be included – each Director may decide to involve his/her respective manager(s).

RECOMMENDATION					
Position	Recommendation	Name	Signature	Date	Comment
Assistant Deputy Chairman– Aviation Safety Affairs	<input type="checkbox"/> Approval <input type="checkbox"/> Rejection If approval is recommended, please specify approval number: _____				

APPROVAL ⁽³⁾					
Position	Approved?	Name	Signature	Date	Comment
CAMA Chairman	<input type="checkbox"/> Yes <input type="checkbox"/> No				

(3) Above table does not need to be filled out if Chairman has signed the certificate of waiver.