



**Aviation Safety Directorate
Dispensation Request Form**

1-To be entered by requester:

Requester's Name and position:

Company or Organization Name:

Address:

Telephone Number:

Email:

Reason (s) for Dispensation:

Description of Dispensation:

**Requester's Statement: I hereby acknowledge that by making this request, I assume all liability for any loss or damage arising from any grant of dispensation hereunder
Signed:**

Date:

3- Authorized person:

Remarks:

Name:

Signature:

Date:

Review & Approval:

Approved

Not Approved

Name :

Signature:

Date: