



**REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR EXEMPTION – CARRIAGE OF DANGEROUS GOODS

Please complete this form electronically or in block capitals using black ink.

1. AIRCRAFT AND OPERATOR DETAILS			
Registration Mark:	T7-		
Manufacturer 's Designation of Aircraft:			
Serial Number:			
Operator:			
Telephone No.:		Fax No.:	
Email:			
2. REASON WHY IS ESSENTIAL THE ARTICLE OR SUBSTANCE MUST BE CARRIED BY AIR			
3. A STATEMENT WHY THE APPLICANT BELIEVES THE PROPOSAL (INCLUDING ANY SAFETY CONTROL MEASURE SPECIFIED BY THE APPLICANT) WILL ACHIEVE A LEVEL OF SAFETY EQUIVALENT TO THE PROVIDED BY THESE			
4. PROPOSED PROPER SHIPPING NAME, CLASSIFICATION AND UN NUMBER WITH FULL SUPPORTING TECHNICAL DATA			

5. PROPOSED PACKAGING**6. QUANTITY TO BE CARRIED****7. ANY SPECIAL HANDLING REQUIRED AND ANY SPECIAL EMERGENCY RESPONSE INFORMATION****8. NAME AND ADDRESS OF CONSIGNOR AND CONSIGNEE**

Name of Consignor

Address

Name of Consignee

Address

9. PARTICULARS OF FLIGHT (PROVIDE AIRPORT'S NAME AND ICAO DESIGNATOR CODE)

Date of Departure:

From:

ICAO Designator Code:

To:

ICAO Designator Code:

Via (Location Stops, if applicable):

1st Stop:

ICAO Designator Code:

2nd Stop:

ICAO Designator Code:

3rd Stop:

ICAO Designator Code:

4th Stop:

ICAO Designator Code:

10. DECLARATION

I hereby declare that to the best of my knowledge the particulars on this application are true in every respect.

Date:

Name of Applicant:

Signature of Applicant: