**EXEMPTION REQUEST**

**Article 71 of Regulation (EU) 2018/1139**

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| Exemption request ref number/date/organisation: **Click here to enter text.** |
| Reason for exemption – unforeseen urgent operational circumstance(s) or operational needs of a limited duration: **Click here to enter text.** |
| Proposed end date of the exemption - indication and motivation: **Click here to enter text.** |
| Identification of the beneficiaries of the exemption: **Click here to enter text.** |
| Affected regulations (EU/National): **Click here to enter text.** |
| Affected certificates, authorisations or approvals that have been issued: **Click here to enter text.**  |
| Affected stakeholders: **Click here to enter text.** |
| External or internal to the organisation: **Click here to enter text.** |
| Changes to the system (description): **Click here to enter text.** |
| Changes to the procedures (description): **Click here to enter text.** |
| Changes to the human resources (HR): **Click here to enter text.** |
| Past performance (effectiveness of corrective actions results received from audits, inspections, evaluations, investigations, reports): **Click here to enter text.** |
| Services / Functions / Departments / Documents / Procedures / Products impacted by the change: **Click here to enter text.** |
| Any parts of this change are in place (yes/partially/no – define): **Click here to enter text.** |
| Internal communication is required (if yes, to what level – describe): **Click here to enter text.** |
| Specific nature of the hazards identified (for the systems-procedures-HR): **Click here to enter text.** |
| Is this a new hazard or an existing one? **Click here to enter text.** |
| If this is a new hazard, does it affect the effectiveness of existing safety risk mitigation processes/strategies? **Click here to enter text.** |
| Initial risk assessment performed (description): **Click here to enter text.** |
| Conditions in place or mitigating measures ensure that the level of safety is not adversely affected: **Click here to enter text.** |
| Evaluation performed (reference to the currently applicable rules/group/contact point/date): **Click here to enter text.** |
| Exemption request approved by the Accountable Manager: *(name/signature/date)* |

**EVALUATION OF THE EXEMPTION REQUEST BY LV CAA**

1. **Change planning**

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| 1 | Could this urgent situation have been reasonably foreseen by the applicant? | Yes | No |
| 2 | Whether the requested exemption is less restrictive than the currently applicable requirements?  | Yes | No |
| 3 | Whether the requested exemption complies with the general safety objectives of the Regulation (EU) 2018/1139 (BR) and the delegated acts and implementing acts adopted on the basis thereof? | Yes | No |
| 4 | Has the applicant developed a change plan for the usage of flexibility provisions? | Yes | No |
| 5 | Does the operator’s exemption request correspond to submitted change, providing compliance with the general safety objectives of the Basic Regulation? | Yes | No |
| 6 | Has the applicant identified, informed and engaged all the appropriate parties needing to collaborate with in order to implement the change and all the stakeholders impacted by the change? | Yes | No |
| 7 | Has the applicant identified in detail all non-compliances/differences with the currently applicable requirements?  | Yes | No |
| 8 | Have any indirect impacts of the change to the organisation’s structure, on the processes and procedures, including allocation of responsibilities within the organisation, capability of carrying out the full range of tasks, overall proficiency and authorisation scope of organisation’s personnel indicated in the plan?  | Yes | No |
| 9 | Has the applicant identified the type and nature of the communication and consultation process to be undertaken?  | Yes  | No |
| 10 | Has the applicant planned additional staff training, including initial training and continuous training?  | Yes | No |
| 11 | Does the change planning involve performance of risk assessment and mitigating measures for all differences with the currently applicable requirements? | Yes | No |

1. **Change implementation**

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| --- | --- | --- | --- |
| 1 | Has the exemption request and provided documentation reviewed for its completeness, including the operator’s statement that all the documentation sent to LV CAA was verified by the applicant and found in compliance with the management system documentation requirements? | Yes | No |
| 2 | Is there a confidence that the operator can successfully manage the change(s) within the exemption provisions, including management of new identified hazards resulting from change(s) into an operation? | Yes | No |
| 3 | Has an acceptable classification been used to classify the likelihood and severity of the change, consequences identified and an acceptable risk tolerability matrix has been used to classify the acceptability of the risks identified (existing procedures have been followed)? | Yes | No |
| 4 | Have the reasonable and pertinent mitigation actions been identified and actioned (existing procedures have been followed)? | Yes | No |
| 5 | Does the operator’s SMS ensure that the safety assurance processes are utilised continuously to ensure no unexpected risks or hazards are introduced by the change? | Yes | No |
| 6 | Have the verification and testing exercises been carried out by the applicant to ascertain that the relevant elements of the change are in place (verify that the demonstration has been documented by the operator)?  | Yes | No |
| 7 | Has LV CAA performed audit according to AMC1 ARO.GEN.330 and documented results?  | Yes | No |
| 8 | Has LV CAA prescribed the conditions under which the organisation may operate during the change, unless LV CAA authorised personnel determines that the organisation‘s certificate needs to be suspended? | Yes | No |
| 9 | Has LV CAA notified the applicant that the change may be implemented and, if applicable, amended the approval or certificate of the applicant accordingly? | Yes | No |

**OI REPORT**

*OI NAME/SIGNATURE DATE*

**POI COMMENTS**

*POI NAME/SIGNATURE DATE*

**INFORMATION TO THE OPERATOR**

*POI NAME/SIGNATURE DATE*