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| Department of Civil Aviation SSR International Airport  Plaine Magnien  MAURITIUS | **C:\Users\Airworthiness Reg\Downloads\output-onlinepngtools.png** | Tel: (230) 6032000  Fax: (230) 6373164  Email: [civil-](mailto:civil-aviation@govmu.org)[aviation@govmu.org](mailto:aviation@govmu.org) |

##### APPLICATION FOR APPROVAL OR EXEMPTION TO TRANSPORT DANGEROUS GOODS UNDER SPECIAL CIRCUMSTANCES

***Note*** - This form applies to requests to carry dangerous goods where they do not comply with the normal requirements of the Technical Instructions. If there is insufficient space to list all items, they can be listed on a separate sheet. Application should be made at least 10 days before the date of the flight on which the dangerous goods are to be carried and should be submitted to the Civil Aviation Authority of Mauritius.

***Instruction***:

* The form once completed should be returned to the Civil Aviation Authority of Mauritius.
* Failure to complete this form in full may result in a delay in processing the application.
* The issuing of this form does not in itself constitute an authorisation to carry dangerous goods.

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| **APPLICANT DETAILS** | | | | | | | | | |
| **Name** | |  | | | | | | | |
| **Company** | |  | | | | | | | |
| **Telephone** | |  | | | | | | | |
| **Fax** | |  | | | | | | | |
| **E-mail** | |  | | | | | | | |
| **OPERATIONAL DETAILS** | | | | | | | | | |
| **Operator** | |  | | | | | | | |
| **Flight Number (s)** | |  | | | **Date of Flight** | |  | | |
| **Airport of Departure** | |  | | | **Airport of Destination** | |  | | |
| **Shipper** | |  | | | | | | | |
| **AWB Number** | |  | | | **Consignee** | |  | | |
| **DETAILS OF THE DANGEROUS GOODS** | | | | | | | | | |
| **UN**  **Number** | **Proper Shipping Name** | | **Class/ Division & Compatibility Group** | **Packing Instruction** | **Number of Package** | **Type of Package** | | **Net Quantity (Total)** | **Gross Weight** |
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| **ADDITIONAL INFORMATION** | | | | | | | | | |
|  | | | | | | | | | |
| Applicant’s Name: Date:  Signature: | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Inspector’s Comment** | | | | |
|  | | | | |
| Name and Title of Inspector: | | Signature: | | Date: |
| Telephone: | Fax: | | E-mail: | |