

SPECIAL CONDITION – ANNEX TO THE CERTIFICATION BASIS

This form should be completed in BLOCK LETTERS using black or dark blue ink or electronically filled and submitted to the Air Navigation Services & Aerodromes Unit .

REF: TM/CAD/CB/SC/LMML/000/ddmmyy

A) AERODROME DETAILS		
<i>Name and ICAO Code:</i>		
<i>Aerodrome Address:</i>		
<i>Accountable Manager:</i>	Name:	
	Telephone:	
	Email:	
<i>Departmental Manager:</i>	Name:	
	Telephone:	
	Email:	

B) DETAILS OF SPECIAL CONDITION	
<i>Relevant CS:</i>	CS ADR-DSN.
<i>Explanation to why the CS is Inadequate or inappropriate:</i>	

<i>Description of the non-compliance:</i>	
<i>Reference to supporting documentation:</i>	
<i>Reference to safety assessment:</i>	
<i>Publication of the SC in:</i>	

For TM-CAD use.

Comments:

Approved by: _____ *Signature:* _____

Designation: _____

Date: _____