

1. Applicant Details:

1.1. Name

1.4. Fax
 1.5. Email

2.1. Name

2.4. Fax 2.5. Email

3.1. Name

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**SLCAP 4400 Manual on Transport of Dangerous Goods** 

1.2. Organization:

2.2. Organization :2.3. Telephone :

3.2. Organization:

2. Shipper (If different from applicant)

3. Consignee (If different from applicant)

1.3. Telephone

## Appendix – F

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## Application for Approval or Exemption to Transport Dangerous Goods under special circumstances

UN number	Proper shipping name	<u>-</u>	vision and ility Group	Packing Instruction	Number of package	Type of package	Net quantity (total)	Gross weight (total)	
6.	Details of the Dangerous Goods								
5.	The reason why it is essential the article or substance must be carried by air								
4.	Provide a statement why the applicant believes the proposal (including any safety control measures specified by the applicant) will achieve a level of safety equivalent to that proposal								
	3.5. En	nail	:						
	3.4. Fa	•	:						
	3.3. Te	lephone	:						



## **CIVIL AVIATION AUTHORITY OF SRI LANKA**

6.	Operational Details
	6.1. Operator :
	6.2. Aircraft Type :
	6.3. Flight Number(s) :
	6.4. Date of flight :
	6.5. Airport Departure :
	6.6. Transit (if any) :
	6.7. Airport Destination:
	6.8. AWB Number :
7.	Additional Information :
	Applicants Name :
	Signature : Date:
8.	Inspector's comment (indicate the emergency contact details and special handling requirements if any) :
	Name and the Title of Inspector :
	Signature : Date :

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