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| **NCO_Logo_CMYK** | **DEROGATION**  **REQUEST FORM** | CODE  **FM\_ CERT\_Derogation Request** |
| **Version 5**  Previous: 21/01/2022  Effective: 28/01/2025 |

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| **NAME OF OPERATOR:** |  | **CERTIFICATION NUMBER:** |  |

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| **REQUESTED DEROGATION LENGTH** | **START AND END DATE:**  *Maximum 12 months*  *or Single Purchase* |

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| **WHAT DEROGATION ARE YOU APPLYING FOR?**  *All Derogations are outlined in supplied Annex* |
|  |
| **PLEASE STATE REASON FOR DEROGATION APPLICATION** |
|  |

**All required evidence as outlined in Annex has been attached: yes**

***Please note****: if all required supporting evidence as outlined is*

*not provided with this form, your request may not be processed.* **no**

|  |  |
| --- | --- |
| **NAME:** | **SIGNATURE:** |
| **DATE:** |