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|----------------------------------------------------------------------------------|----------------------------------------------|
|  | <b>NOGEPA</b><br><b>Dispensation Request</b> |
| Doc. nr: RD 98                                                                   | Rev. Date: 15 July 2020                      |
| Page: 1 of 1                                                                     | Revision: 3                                  |

## Dispensation



Operating companies and contractors shall make all reasonable efforts to ensure that safety and emergency response related refresher training is completed before the individual's current certificate expires. In case of unforeseen circumstances, such as illness or abnormal work demands, an individual may request dispensation to extend the validity of the current certificate with a maximum of 3 months, to complete a refresher training at FMTC Safety.

The consent for such an extension request may only be given by, or on behalf of, a senior member of the operational management team of the Operating Company, called the 'Company Responsible Person' on the form below. Please note that:

- Extensions can only be granted to personnel who have completed the basic course and at least one refresher course, for which dispensation is being requested.
- Extensions will not be granted to visitors or personnel who work offshore occasionally.

Where an extension is granted, the effective start date of a new refresher training certificate will be the expiry date of the individual's corresponding current certificate (back dating).

Please complete the fields below.

| <b>Request for Dispensation</b>                             |  |
|-------------------------------------------------------------|--|
| Name / initials of person for who dispensation is requested |  |
| Date of birth                                               |  |
| Position offshore                                           |  |
| VCA ID                                                      |  |
| Training course name                                        |  |
| Current certificate expiry date                             |  |
| Organisation requesting dispensation                        |  |
| Company responsible person                                  |  |
| Job Title                                                   |  |
| Contact telephone number                                    |  |
| Contact email address                                       |  |
| Reason why dispensation should be granted                   |  |
|                                                             |  |
| Date                                                        |  |
| Company responsible person signature                        |  |

Please send this form to [info@fmtcsafety.com](mailto:info@fmtcsafety.com). Each request will be reviewed and, if dispensation is granted, a letter will be sent to confirm the dispensation period and scope.