DISTRIBUTION CODE **CLASS** DEROGATION – APPLICATION FORM

DEROGATION APPLICATION SUBMITTED BY:	DATE OF SUBMITTING APPLICATION:		DEROGATION APPLICATION NUMBER: (to be assigned by Distribution Code Review Panel Secretary)

Contact Details for **Class** Derogation Applicant			
Name:		**Telephone Number:**	
	e-mail address:		

DISTRIBUTION CODE VERSION AND CLAUSE FOR WHICH DEROGATION IS					
PARTICULARS FOR EACH USER	(A) USER: NAME, MAKE, MODEL	(B) PLANT/APPARATUS & REGISTERED CAPACITY	(C) * ENERGISATION DATE * DATE OPERATIONS CERTIFICATION ACHIEVED * WAS THIS DISTRIBUTION CODE REQUIREMENT IN THE RELEVANT CODE ON THE DATE OF ENERGISATION? (Y/N)	(D) EXTENT OF NON COMPLIANCE	(E) REASON FOR NON-COMPLIANCE:

DISTRIBUTION CODE <u>CLASS</u> DEROGATION – APPLICATION FORM					
LENGTH OF TIME FOR WHICH CLASS DEROGATION IS SOUGHT:					
EXPECTED REPLACEMENT DATE FOR WTGS (OR PLANT CAUSING NON-COMPLIANCE):					
PROPOSAL FOR REMEDYING NON-COMPLIANCE **(MILESTONES FOR REMEDYING NON-COMPLIANCE, COSTS, RISK FACTORS THAT MAY DELAY**					
DETAILS OF SUPPORTING DOCUMENTATION FOR APPLICATION (IF ANY)					
	Please return this form to Review Panel Secretary by e-mail: DistCodePanel@mail.esb.ie				