**TAPA Standards - Waiver Request Form**

Instructions: Complete a separate Waiver Request form for each requirement to be considered for a Waiver. Section 1-5 must be completed before submission to TAPA.

1. **LSP/Applicant**

|  |  |
| --- | --- |
| Company Name |  |
| Address (where waiver applies) |  |
| Date of Request |  |
| **LSP/Applicant Responsible Person** | |
| Name |  |
| Phone |  |
| Email |  |
| Signature |  |

1. **Existing Requirement to be Considered for Waiver**

|  |  |
| --- | --- |
| TAPA Standard, Version and Level |  |
| TAPA Requirement number and full text |  |

1. **Reasons and Impact of Non-Compliance**

|  |  |
| --- | --- |
| Reasons why requirement cannot be complied with? |  |
| Impact/risks if no mitigation controls were implemented |  |

1. **Mitigation**

|  |  |
| --- | --- |
| Mitigation measures and security controls that will be implemented |  |
| List of attachments and supporting documentation that support this request (plans, images, procedures, official evidence etc.) |  |

1. **Approved Auditor**

|  |  |
| --- | --- |
| Date |  |
| Company Name |  |
| **Approved Auditor** | |
| Name |  |
| Phone |  |
| Email |  |
| AA Supporting LSP’s/Applicant’s Request Y/N? |  |
| Reasons for Y/N Response |  |
| Signature |  |

1. **TAPA Approval/Denial (TAPA use only)**

|  |  |
| --- | --- |
| Date |  |
| Waiver Number |  |
| Approved/Denied |  |
| Reason Approved/Denied |  |
| Conditions to be followed by LSP/Applicant if Approved |  |
| Waiver Approved From /To Dates |  |
| Authorized by / On Behalf of TAPA: Name |  |
| Authorized Signature |  |

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