

## DISTRIBUTION CODE DEROGATION – APPLICATION FORM

DEROGATION APPLICATION SUBMITTED  
BY:

DATE OF SUBMITTING  
APPLICATION:

DEROGATION APPLICATION NUMBER:  
(to be assigned by Distribution Code Review  
Group Secretary)

### Contact Details for Derogation Applicant

Name:

Telephone Number:

e-mail address:

DISTRIBUTION CODE CLAUSE FOR WHICH  
DEROGATION IS SOUGHT:

PLANT/APPARATUS FOR WHICH  
DEROGATION IS SOUGHT:

EXTENT OF NON-COMPLIANCE:

REASON FOR NON-COMPLIANCE:

LENGTH OF TIME FOR WHICH DEROGATION  
IS SOUGHT:

PROPOSAL FOR REMEDYING NON-  
COMPLIANCE

(MILESTONES FOR REMEDYING NON-  
COMPLIANCE, COSTS, RISK FACTORS THAT

DETAILS OF SUPPORTING DOCUMENTATION  
FOR APPLICATION (IF ANY) ATTACHED

Please return this form to Review Panel Secretary by e-mail: [DistCodePanel@mail.esb.ie](mailto:DistCodePanel@mail.esb.ie)