

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