



Santa Monica Airport
Airport Operations & Noise Management Office
3223 Donald Douglas Loop South-Suite 3
Santa Monica, California 90405-3279

SANTA MONICA AIRPORT
MEDICAL EMERGENCY FLIGHT EXEMPTION FORM

NOTICE: All aircraft pilots, owners, operators and lessees of aircraft planning to depart as a medical emergency from Santa Monica Airport (“Airport”) during the nightly departure curfew hours.

* On January, 18, 1990, the State of California passed AB 2630 addressing emergency medical flight operations at all airports in California.

REQUIREMENT: To qualify for an exemption from the departure curfew as a medical emergency flight, this form must be fully completed and submitted to the Santa Monica Airport Noise Management Office within seventy-two (72) hours prior or subsequent to the departure of the aircraft. Failure to comply with this requirement could result in the aircraft pilot, owner, operator and/or lessee incurring a civil penalty of \$2,000¹.

Date of Operation: _____
Time of Departure: _____
Aircraft Type: _____
Aircraft Tail Number: _____
Operator: _____

1) Patient’s Name/Chart # ²

2) Name of Medical Attendants/Personnel

3) Discipline of License or Certificate held for Practice of Medical Personnel

4) Requesting Medical Facility/Agency

¹ Santa Monica Municipal Code, Section 10.04.04.080

² Airport shall hold in confidence the patient’s identity and personal medical information in accordance with applicable California and federal laws.

5) Intended Destination (Hospital, Clinic, etc.)

6) Names of Flight Crew Members (Pilot, Co-Pilot)

7) Please provide a signed statement by attending physician specifying that a medical emergency was involved.

Authorized Signature/Date

PLEASE MAIL OR FAX TO: SANTA MONICA AIRPORT
ATTN: NOISE MANAGEMENT OFFICE
3223 DONALD DOUGLAS LOOP SOUTH-SUITE 3
SANTA MONICA, CALIFORNIA 90405-3279

NOISE/OPERATIONS: (310) 458-8692
FAX: (310) 572-4495