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