

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

P. O. BOX 82776, SAN DIEGO, CA 92138-2776
619.400.2781 619.400.2787 FAX WWW.SAN.ORG



SAN DIEGO INTERNATIONAL AIRPORT MEDICAL EMERGENCY/MERCY FLIGHT EXEMPTION FORM

NOTICE TO: All aircraft pilots, owners, operators and lessees of aircraft planning to depart as a medical emergency or mercy flight from San Diego International Airport ("Airport") during the daily noise curfew hours¹:

REQUIREMENT: To qualify for an exemption from the curfew as a medical emergency or mercy flight, this Form must be fully completed and submitted to the Authority within seventy-two (72) hours prior or subsequent to the departure of the aircraft.² Failure to comply with this requirement could result in the aircraft pilot, owner, operator and/or lessee incurring a civil penalty of \$2,000 or more.³

DATE OF OPERATION: _____ TIME OF DEPARTURE (L) : _____

AIRCRAFT TYPE: _____ AIRCRAFT TAIL #: _____

1. Patient's Name and Address ⁴

2. Name of Medical Attendants/Personnel

¹ SDCRAA Code §9.40(f)(1) and (4). You may read the regulation at www.san.org or find the time-of-day restrictions in your **pilot reference publications** under **San Diego International Airport**.

² Cal. Pub. Util. Code §21662.4(c).

³ Airport Use Regulation at San Diego International Airport §9.40(h).

⁴ Airport shall hold in confidence the patient's identity and personal medical information in accordance with applicable California and federal laws.



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

4. Requesting Medical Facility/Agency

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

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

7. Provide a signed statement by attending physician specifying that a medical emergency or mercy flight was involved.

Authorized Signature/ Date

PLEASE MAIL TO: SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
ATTN: AIRPORT NOISE MITIGATION
P.O. BOX 82776
SAN DIEGO, CA 92138-2776

OR FAX TO: FAX : (619) 400-2787
OR EMAIL TO: airnoise@san.org