

# DEPLOYMENT PATROL HOUR EXEMPTION

Date of Application \_\_\_\_\_

Surname \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Membership Number \_\_\_\_\_

APPLICANT		OFFICE USE
Start of Active Deployment		
End of Active Deployment		
Duration of Active Deployment		

Please attach a letter of proof or statutory declaration from your unit.

## COMMENTS

Applicant (sign) \_\_\_\_\_

Deployment greater than 6 weeks during patrolling season.  
Military and first responder service.

**BEACH COMMITTEE**

Date Discussed \_\_\_\_\_

Recommendation                      Yes                       No

**COMMENT**

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Life Saving Director (sign) \_\_\_\_\_

(name) \_\_\_\_\_

(date) \_\_\_\_\_

**BOARD OF MANAGEMENT**

Date Discussed \_\_\_\_\_

Approved                      Yes                       No

**COMMENT**

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President (sign) \_\_\_\_\_

(name) \_\_\_\_\_

(date) \_\_\_\_\_