



# Application for an Exemption (self-closure devices)

Complete in BLOCK CAPITALS and in black ink

**Send completed form to:** Isle of Man Fire and Rescue Service  
Fire Service Headquarters  
Tromode Road  
Douglas  
IM2 SPA  
Telephone: +44 1624 647300  
Email: iomfire@gov.im

To: **The Isle of Man Fire and Rescue Service**

I hereby apply for an exemption under Regulation 5 of the Fire Precautions (Houses in Multiple Occupation and Flats) Regulations 2016, to allow for the self-closure devices to be removed from the internal fire doors, in respect of the premises of which details are given below.

Signature

Name (please print)

Date

## 1. Name and address of the occupier of the flat

Name

Flat No.

Address   
  
Postcode

Telephone number

Mobile number

Email address

**N.B. if issued, the exemption will only apply whilst the current occupier, as named above, occupies the flat and the devices must be replaced when any other person becomes the occupier/tenant. This department must then be informed in writing.**

For more details on how we process your data please refer to the Department of Home Affairs privacy notice available here: <https://www.gov.im/about-the-government/departments/home-affairs/home-affairs-privacy-notice/>



**To be completed by the applicant**

**2. Reason for exemption request**

**3. Name and address of the owner of the premises (if different to the occupier)**

Name

Address

Telephone number

**I, the owner of the premises detailed in Section 1 of this form, hereby give my consent for the self-closure devices to be removed from the internal fire doors of the premises. I understand that I will need to inform my insurer of this change.**

Signature

Date

**4. Details of the health professional supporting this application**

Name

Occupation

Name and Address of Health Organisation

Telephone number

**I support the application made by the individual named in Section 1 of this form, and it is my professional opinion that the reason(s) stated in Section 2 give rise for an exemption to be granted to allow for the self-closure devices to be removed from the internal fire doors.**

Signature

Date

**Exemption requests will be reviewed on an individual basis and may be subject to conditions so specified.**