



Section/division  
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Physical address  
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Email: [environment@caa.co.za](mailto:environment@caa.co.za)

Form Number: CA 139-11  
Fax Number: 011 545-1453

Website: [www.caa.co.za](http://www.caa.co.za)

# AIRCRAFT NOISE REPORT

<b>NOTE:</b>		<b>REPORTING CAPACITY:</b>					
<i>All applicable particulars must be furnished. If actual figures are not known, please provide estimates. Kindly mark with an 'X' where applicable. Please submit one copy of the form to the AEP Dept. using the email: <a href="mailto:environment@caa.co.za">environment@caa.co.za</a></i>		ATC					
		Aerodrome / Heliport/ Helistop					
		Operator					
		Flight Crew					
		General Public / Other					
<b>SUBMITTER'S DETAILS</b>							
Full name							
Full business/residential address							
						Postal code	
Telephone number		Fax number					
Cell/Mobile number		E-mail Address					
Date of Submission							
<b>Type of report: Please tick appropriate box below</b>							
<input type="checkbox"/>	<b>Confidential</b>		<input type="checkbox"/>	<b>Voluntary</b>		<input type="checkbox"/>	<b>Mandatory</b>
<b>Date of Occurrence</b>				<b>Time of occurrence</b>			H
<b>Location of Occurrence</b>		Air	Airport	Ground	Taxiway	Other/Specify	
<b>Type of Aircraft</b>		Aeroplane	Helicopter	Other / Specify		Reg. Mark	
<b>Type of Operations</b>		Scheduled	Charter	Corporate	Other		
<b>Flight Phase</b>		Taxing	Take off	Climb	Cruise	Descend	Approach
<b>Type of Airspace</b>		Class A, B, C, D, E, F, G/Special use					
<b>Altitude</b>		MSL	AGL	Other			
<b>Weather Conditions</b>		IMC	VMC	Cloudy	Wind shear	Rain	Thunder storms
						Other / Specify	
<i>In the space provided (or on a separate sheet) please give details of the incident and suggestions on what can be done to prevent a reoccurrence or correct the situation:</i>							
SIGNATURE OF SUBMITTER		NAME IN BLOCK LETTERS			DATE		