

Notes: NB

Section/division Telephone number: Physical address

Postal address:

FLIGHT OPERATIONS DEPARTMENT, ASO

Private Bag X73, Halfway House 1685

011-545-1000 Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Form Number: CA 91-06

Fax Number: 011-545 1350

Website: www.caa.co.za

APPLICATION FOR AD HOC HELICOPTER LANDINGS - CAR 91.07.4

 Submit ONLY this completed form to the SACAA for approval. 												
 Supporting documentation required, as per para 6, 7, 8 herein, must be kept on file for audit purposes. 												
 Approval, when given, is done on the facts submitted and the declaration made. Applications must be submitted at least 24 hrs prior to landing on weekdays 												
	 Applications for weekend landings must be submitted before 12am on Fridays. 											
 Ensure that a copy of the approved application is carried on board the helicopter. 												
1. OPERATOR		Licence Number										
Name	Telephone Number											
Contact Person					Fax Number							
2. DATE OF INTENDED LANDING: (dd/mm/yyyy)												
3. HELICOPTE	R/S:											
3.1 Type				Registration: ZS-								
3.2 Type	Registration: ZS-				ZS-							
Туре	F			Registr	ration: Z	ZS-						
4. PILOT IN COMMAND:												
4.1 Name				Licence number								
4.2 Name				Licence number								
4.3 Name	4.3 Name				Licence number							
5. FLIGHT DETAIL:												
Private/Commercial				ETA ETD								
Number of landings				Number of Passengers								
6. LANDING A	AREA:											
6.1 Location:		(Name / Latit	ude and Longitude)									
	-		zed himself with the				YES		NO			
NB: Confirm that a plan view drawing/ clear Google earth printout/ photo of the landing area indicating the following has												
been prepared by the operator/pilot: (1) Position in relation to buildings and structures, (2) Size, (3) Any telephone/high tension wires or (4) Other obstructions within 100m of the Landing area.												
7. FLIGHT PATH:												
	1. Th	The entry and exit flight paths are clear of obstructions					YES		NO			
Confirm that:									NO			
		away from any open-air assembly of people.					YES		NO			
8. THIRD PAR	TY INTERE	ESTS:				<u>, </u>			1			
	1. M	Measures are in place for crowd control.					YES		NO			
Confirm that:		Written permission obtained from landowner(s).					YES		NO			
	3. W	. Written permission obtained from local municipality.					YES		NO			

9. DECLARATION											
I, the undersigned,		(Name of I	Decla	arant)	in my capacity as						
	(Job title)		of		(Compai	пу)					
 I hereby confirm that the above-mentioned information is true and correct; I make this application to the Director of Civil Aviation, on the information supplied, in terms of Civil Aviation Regulation 91.07.4(2) for the approval of this flight. I further confirm full compliance with all relevant, prescribed, provisions as set out in the Aviation Act, no. 74 of 1962, the Civil Aviation Act no 13 of 2009, the Civil Aviation Regulations of 2011, the Air Services Licensing Act, no 115 of 1990, the Domestic Air Services Regulations of 1991 and the Operations Manual of (Company Name) 											
for the duration of the operation. (Ops Manual not applicable to private flights.)											
To the daration of the	operation. (Ope	Thankar not applica		o private ingri							
SIGNATURE OF A	NAME IN BLOCK LETTERS			DATE							
FOR OFFICE USE											
APPROVED	NOT APPRO			OVED							
SIGNATURE OF	NAME IN BLOCK LETTERS			DATE							
COMMENTS BY API	PROVING FLIG	HT OPERATIONS		(APPRO	OVED/NOT APP	ROVED STAMP)					