



Department: **General Aviation Department**
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Form Number: CA 183-336
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DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE

Bank: **Standard Bank of SA Ltd** Branch: **Brooklyn, Pretoria** Branch Code: **011245** Account Number: **013007971**

APPLICATION FOR DEMONSTRATION JUMP OPERATIONS

Requirements for Application

Applications to be submitted with proof of payment as per Part 187.01.21 no less than 5 working days prior to the proposed jump.

The following documentation must be obtained before the jump(s) and held on file by the applicant (to be available to the SACAA or NSTO on their request):

1. Letter of request from the organiser's.
2. A plan of the intended landing area clearly showing the location, dimensions and hazards.
3. Local Authority and/or Landowners permission letter.
4. Proof of payment as per Part 187.01.21

Declaration by applicant: I hereby declare that:

1. Only persons properly qualified and rated are utilised for the jump(s).
2. The approved ARO Manual of Procedures and Basic Safety Requirements shall be adhered to.
3. A copy of the SACAA approval is handed to the Pilot before take-off.
4. All SACARS, SACATS and airspace regulations as applicable shall be adhered to at all times.
5. All aircraft used shall be suitable for the purpose of the intended operations.

1. DETAILS OF APPLICANT

Parachute Club/SJO:			
Contact name:			
Contact No.:		Email:	

2. DETAILS OF OPERATIONS

Flight Information Region (FIR):	Johannesburg	Cape Town		
Type of Display Jump	Standard	Tandem	Inverted	Extra Ordinary (supply details & ARO approval)
Demonstration Date:	Demonstration Time/s (local):			
Physical Address:				
	Province:	Postal Code:		
GPS co-ordinates <i>deg, sec, min:</i>				
Vertical Limits (AMSL):				Lateral Limits (NM):
Nearest Airfield:				Nearest Town:

Notes:

A separate form is required for each venue.
Give an accurate description of venue/DZ: Name, suburb and Town/City or district

Alternate aircraft or pilots may be used if the primary choice is not available.
The Jump/Load master is to assess both suitability and qualifications.

3. DETAILS OF AC / PILOT / JUMP/LOAD MASTER / PERSONS RESPONSIBLE FOR GG		
Aircraft Type		Reg No:
Aircraft Transponder Equipped	Yes <input type="checkbox"/>	No <input type="checkbox"/> Mode:
Name of Pilot		License No:
Jump/Load master:		Rating No:
Person responsible for crowd/ground control:		Contact No:

I certify that this form has not been altered or tampered with in any way whatsoever and all information on it is correct:		
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE