



Department: **General Aviation Department**
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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 PARACHUTE DROP ZONE & LANDING AREA OPERATIONS

Requirements for Application

Applications to be submitted no less than 60 days in advance for Permanent DZ's, and 10 working days for Temporary DZ's.
 The following documents must be supplied:

- Local Authority and/or landowner's written permission (in consultation with any relevant parties i.e. Flying club operators on the airfield etc)
- Plan of DZ clearly indicating location co-ordinates, dimensions and hazards.
- Full names and particulars of DZO, CI, SO, Chief Pilot, and any other office bearers
- Proof of payment as per SACAR 187.01.21
- Copies of Pilot licence and Logbook(indicated briefing on intended operations & summary of experience), as per SACAR 105.01.21
- Aircraft copies of C of R, C of A / ATF and Lease agreement as applicable.

1. DETAILS OF APPLICANT

Parachute Club Name /SJO:			
Responsible Person (DZO):			
Contact No.:		Email:	
Contact name:		Alternate Contact No:	

2. DETAILS OF DROP ZONE

Flight Information Region (FIR):	Johannesburg		Cape Town	
Type of Drop Zone	Temporary DZ		Permanent DZ	
	Student DZ		Non-Student DZ	
Physical address of DZ:	Province:		Postal Code:	
GPS co-ordinates of DZ:				
Vertical Limits (AMSL):			Lateral Limits (NM):	
Nearest Airfield:			Nearest Town:	

3. DETAILS OF AC / PILOT / SO / CI

Aircraft Type/s		Reg No:	
Aircraft Transponder Equipped	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mode:
Name of Pilot		License No:	
Name of Safety Officer		Rating No:	
Name of Chief Instructor		Rating No:	

4. DECLARATION BY THE APPLICANT		
<i>I the undersigned</i>		<i>hereby declare that</i>
1. The approved ARO Manual of Procedures and Basic Safety Requirements shall be adhered to. 2. All applicable approvals are obtained before operations commence. 3. All SACARS, SACATS and airspace regulations as applicable shall be adhered to at all times. 4. All aircraft are suitable for the purpose of the intended operations.		
SIGNATURE OF APPLICANT	NAME IN BLOCKLETTERS	DATE

5. FOR COMPLETION BY ARO (ARO OFFICE USE ONLY)	
For ARO approval: Tick following box.	√
Approval been obtained for DZ operation	
Safety Officer inspected facility for safety and suitability of intended operation	
All key personnel suitable rated and approved	
Aircraft suitable for the purpose of the drop operation	
I declare in my capacity as the Accountable Manager of the ARO that the application has been reviewed by the ARO and was found to meet the approval requirements.	
Approved by ARO:	
ACCOUNTABLE MANAGER SIGNATURE	DATE