

	<i>Department:</i>	Flight Operations Department ,ASO	Form Number: CA 91-06	
	<i>Telephone number:</i>	0860 267 435	<i>Email address:</i>	N/A
	<i>Physical address</i>	12 Byls Bridge Boulevard, Building No 2, Byls Bridge Office Park Centurion		
	<i>Postal address:</i>	Private Bag X73, Halfway House 1685	<i>Website: www.caa.co.za</i>	
APPLICATION FOR AD HOC HELICOPTER LANDINGS - CAR 91.07.4				

POPIA CONSENT AGREEMENT:

In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 (“POPIA”), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject’s right to privacy.

By completing this form in accordance with the Civil Aviation Act No. 13 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements .This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.

Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.

The South African Civil Aviation Authority (“SACAA”) recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: <https://www.caa.co.za/paia-and-privacy/>).

Notes: NB

- 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:	<i>(dd/mm/yyyy)</i>		
3. HELICOPTER/S:			
3.1 Type		Registration: ZS-	
3.2 Type		Registration: ZS-	
Type		Registration: ZS-	
4. PILOT IN COMMAND:			
4.1 Name		Licence number	
4.2 Name		Licence number	
4.3 Name		Licence number	
5. FLIGHT DETAIL:			
Private/Commercial		ETA	ETD
Number of landings		Number of Passengers	
6. LANDING AREA:			
6.1 Location:	<i>(Name / Latitude and Longitude)</i>		
6.2 The pilot inspected or fully familiarized himself with the landing area:	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:					
Confirm that:	1. The entry and exit flight paths are clear of obstructions	YES		NO	
	2. The flight path will at all times be at least 50m, horizontally, away from any open-air assembly of people.	YES		NO	
8. THIRD PARTY INTERESTS:					
Confirm that:	1. Measures are in place for crowd control.	YES		NO	
	2. Written permission obtained from landowner(s).	YES		NO	
	3. Written permission obtained from local municipality.	YES		NO	
9. DECLARATION					
I, the undersigned,	<i>(Name of Declarant)</i>			in my capacity as	
	<i>(Job title)</i>	of	<i>(Company)</i>		
<ul style="list-style-type: none"> 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 					
<i>(Company Name)</i>					
for the duration of the operation. (Ops Manual not applicable to private flights.)					
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS		DATE	
FOR OFFICE USE					
APPROVED		NOT APPROVED			
SIGNATURE OF FLIGHT OPERATIONS INSPECTOR		NAME IN BLOCK LETTERS		DATE	
COMMENTS BY APPROVING FLIGHT OPERATIONS INSPECTOR:		<i>(APPROVED/NOT APPROVED STAMP)</i>			