



Section/division: Licencing
 Telephone number: 011-545-1000
 Physical address: Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
 Postal address: Postnet Suite 118, Private Bag X1037, Germiston 1400

Form Number: CA 183-334

Fax Number: 011-082-1100

Website: www.caa.co.za

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE		
Bank: Standard Bank of SA Ltd	Branch: Brooklyn, Pretoria	Branch Code: 011245
		Account Number: 013007971
COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)		
Service/transaction	Over the counter payments	EFT, Internet, Wire, Electronic payments
Fees: See CAR Part 187.00.10		

APPLICATION FOR SPECIAL AIR EVENT

Requirements for Application

All Special Air Event Applications and supporting documentation shall be submitted directly to the SACAA within the prescribed time frames in order to be processed and considered for and SAE approval certificate. (SEE SAE MOP)

This application and any approval obtained from the SACAA, is only applicable to aviation displays on the airside of a special air event.

It remains the responsibility of the organiser to ensure compliance with all requirements, legislation and approvals required for the hosting of, and safety standards including emergency plans for the public side at such an event.

ALL MANDATORY DOCUMENTS MUST BE SIGNED BY THE RELEVANT AUTHORITIES; NO SIGNATURES WILL RESULT IN DECLINING THE APPROVAL FOR SUCH AN EVENT.

1. DETAILS OF EVENT

EVENT NAME

- AIRSHOW
 CLASS D MENTORSHIP
 OTHER (Please refer to point 6)
 FLY-IN
 AERO COMPETITION

2. ORGANISER / APPLICANT DETAILS (State if an ARO)

Primary Contact Name	
Primary Contact Number	
Primary Email Address	
Alternate Contact Name	
Alternate Contact Number	
Alternate Email Address	

3. DATE AND DURATION

	DATE	TIMES (Local Time)
AIRSHOW DAY		
Practise Day		
Fly-In		
Departures		

4. LOCATION OF EVENT

Venue			
Gps Co-Ordinates		Elevation	
Address			

5. RUNWAY INFORMATION

Heading		Length	
Surface			
Hazards			

6. DISPLAY ACTIVITES		
<input type="checkbox"/> Aerobatics <input type="checkbox"/> Formation Flying <input type="checkbox"/> Hot Air Ballooning / Airship <input type="checkbox"/> Spot Landing <input type="checkbox"/> Flour / Water Bombing	<input type="checkbox"/> Model Aircraft / RPAS <input type="checkbox"/> Airliners <input type="checkbox"/> Para Gliders / PPG <input type="checkbox"/> Hang Gliders <input type="checkbox"/> Microlight	<input type="checkbox"/> Skydiving <input type="checkbox"/> Gliders <input type="checkbox"/> Competition <input type="checkbox"/> Time Trials <input type="checkbox"/> Gyro Planes
7. NON-AERIAL DISPLAY ACTIVITIES		
<input type="checkbox"/> Motor Sport <i>Refer to the MSA</i> <i>msa@motorsport.co.za 0861 672 672</i>	<input type="checkbox"/> Water Sport <i>Refer to the SAMSA</i> <i>South African Maritime Safety Authority</i> <i>*Also obtain the necessary approval from port-authority where airshows is near or over water.</i>	<input type="checkbox"/> Pyrotechnics <i>Refer to the SAPS</i> <i>South African Police Services – Explosive Unit - Tel: +27 (0) 12 393 1000</i>
8. GIVE A DETAIL DESCRIPTION OF THE EVENT		
9. LOCAL AUTHORITIES		
Local Authority / Municipality	Name of Authority	
	Contact Person	
	Contact Phone	
Land owner / Operators	Contact Name	
	Contact Phone	
	Position	
10. AIRSIDE SAFETY PERSONELL		
FLIGHT DISPLAY DIRECTOR	Name & Surname	
	Contact Number	
	E-Mail Address	
11. EMERGENCY SERVICES		
VOC Commander	Contact Name	
	Contact Phone	
	Contact E-mail	

Police (SAPS)	Name of Station			
	Contact Name			
	Contact Phone			
Metro / Traffic Department	Name of Station			
	Contact Name			
	Contact Phone			
Medical / Ambulance	Name of Station			
	Contact Name			
	Contact Phone			
Fire Department	Name of Station			
	Contact Name			
	Contact Phone			
NB! SUITABLE PUBLIC SAFETY OFFICERS ARE APPOINTED AND PRESENT AT THE EVENT. DISASTER MANAGEMENT PLANS AND EVACUATION PLANS MUST BE APPROVED BY SUITABLE OFFICIALS, I.E. SAPS, FIRE BRIGADE ETC.				
12. PUBLIC COMMENTATOR				
Commentator Name				
Contact Number				
Contact E-mail				
NB! THE COMMENTATOR MUST BE FAMILIAR WITH EMERGENCY AND EVACUATION PROCEDURES AT PUBLIC EVENTS				
13. PUBLIC LIABILITY INSURANCE				
Insurance Company		VALUE:		
Contact Name				
Contact Number				
NB! PLEASE ENSURE RAASA AND THE FLIGHT DISPLAY DIRECTOR (FDD) ADDED ON THE POLICY SCHEDULE AS CO-INSURED				
14. ATTACHEMENTS				
The following documents should be included with this application as attachments.				
<input type="checkbox"/> Local authority / Land owners permission letter				
<input type="checkbox"/> PRO FORMA SASREA SECTION 6 (3) APPLICATION (Sports and Recreation Events Act of 2010) - Copy of Application to the Commissioner of Police for Event Risk Categorization				
15. ORGANISER ACCEPTANCE				
I hereby certify that the above information and attachments are true and correct to the best of my knowledge. I understand that a false statement may lead to this event being cancelled.				
I hereby acknowledge that I have read and understood the Special Air Events Manual of Procedure (SAE-MOP) as provided on the SACAA website or by requesting a hardcopy/electronic copy from the SACAA offices.				
Contact Name				
Contact Number				
Contact E-mail				
Date		Signature of Acceptance		
16. SACAA OFFICE USE				
Has the following documents been submitted to the RAASA office as per the SAE-MOP Timeline				
Days before event	Document	Yes	No	Notes
150	Application Form			
150	Copy of the SASREA Application			
150	Land Owner / Local Authority Approval Letter			

120	Appointment of ASSA approved FDD / FDSO			
60	Pre-Event Safety Audit			
60	Detailed Operations Plan with supporting diagrams and aerial map/s			
60	Detailed Airside Ground Plan			
60	Disaster Management / EMR Plan			
60	Contact List of all Airside and Safety Personnel			
60	Confirmation Letter all Pilots / Aircraft carries mandatory Insurance			
60	Insurance Policy Schedule incl. SACAA and FDD as co-insured			
60	Airside Emergency Response Plan			
60	Proof of Payment			
30	Event Program / Flying Display Program			
30	Copy of pilot briefing and safety minima			
14	Flight Display Director approved			
14	Indemnity Form			
14	Response from the Commissioner of Police for Event Risk Categorisation			

17. AIRSPACE				
CAMU Ref Number		AIP #		Notam #
Type Of Airspace	Controlled (ATA/CTA) Class D			Uncontrolled (ATZ)
Lateral Limits		Vertical Limits		
Published Freq		Event Freq		
Call Sign				
Air Traffic Control (ATC)			Aeronautical Information Advisory Services (AFIS)	
Name Of Officer/s			Contact Person	
Contact Number			Contact Number	

<input type="checkbox"/> Approved <input type="checkbox"/> Declined			
	SACAA approved Signature	Name in block letters	Date

SACAA NOTES

