



Telephone number:

Recreation Aviation Administration South Africa

011 082 1000 Fax Number: 011 082 1020

Address:

Hangar 50, Hurricane Rd, Rand Airport, Germiston, Postnet Suite # 118 Private Bag X1037 Germiston

E-mail:

tania@raasa.co.za, pierre@raasa.co.za, info@raasa.co.za

APPLICATION FOR SPECIAL AIR EVENT

Requirements for Application

All Special Air Event Applications and supporting documentation shall be submitted directly to RAASA 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 RAASA, 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			
<input type="checkbox"/> AIRSHOW	<input type="checkbox"/> CLASS D MENTORSHIP	<input type="checkbox"/> OTHER (Please refer to point 6)	
<input type="checkbox"/> FLY-IN	<input type="checkbox"/> 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			
RUNWAY INFORMATION			
Heading		Length	
Surface			
Hazards			

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5. DISPLAY ACTIVITIES

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Aerobatics | <input type="checkbox"/> Model Aircraft / RPAS | <input type="checkbox"/> Skydiving |
| <input type="checkbox"/> Formation Flying | <input type="checkbox"/> Airliners | <input type="checkbox"/> Gliders |
| <input type="checkbox"/> Hot Air Ballooning / Airship | <input type="checkbox"/> Para Gliders / PPG | <input type="checkbox"/> Competition |
| <input type="checkbox"/> Spot Landing | <input type="checkbox"/> Hang Gliders | <input type="checkbox"/> Time Trials |
| <input type="checkbox"/> Flower / Water Bombing | <input type="checkbox"/> Microlight | <input type="checkbox"/> Gyro Planes |

NON-AERIAL DISPLAY ACTIVITIES

- | | |
|---|---|
| <input type="checkbox"/> Motor Sport
<i>Refer to the MSA
msa@motorsport.co.za 0861 672 672</i> | <input type="checkbox"/> Water Sport
<i>Refer to the SAMSA
South African Maritime Safety Authority
*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
South African Police Services – Explosive Unit - Tel: +27 (0) 12 393 1000</i> | |

6. GIVE A DETAIL DESCRIPTION OF THE EVENT

7. LOCAL AUTHORITIES

Local Authority / Municipality	Name of Authority	
	Contact Person	
	Contact Phone	
Land owner / Operators	Contact Name	
	Contact Phone	
	Position	

8. AIRSIDE SAFETY PERSONNEL

FLIGHT DISPLAY DIRECTOR	Name & Surname	
	Contact Number	
	E-Mail Address	

APPLICATION FOR SPECIAL AIR EVENT (Cont)

9. EMERGENCY SERVICES		
VOC Commander	Contact Name	
	Contact Number	
	Contact Phone	
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.		

10. PUBLIC COMMENTATOR	
Commentator Name	
Contact Number	
Contact E-mail	
NB! THE COMMENTATOR MUST BE FAMILIAR WITH EMERGENCY AND EVACUATION PROCEDURES AT PUBLIC EVENTS	

11. 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		

12. 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) <ul style="list-style-type: none"> - Copy of Application to the Commissioner of Police for Event Risk Categorization

13. 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 RAASA website or by requesting a hardcopy/electronic copy from the RAASA offices.	
Contact Name	Signature of Acceptance
Contact Number	
Contact E-mail	
Date	

14. RAASA 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 RAASA 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. RAASA and FDD as co-insured			
60	Airside Emergency Response Plan			
60	RAASA Proof of Payment			
30	Event Program / Flying Display Program			
30	Copy of pilot briefing and safety minima			
14	Flight Display Director approved by RAASA			
14	RAASA Indemnity Form			
14	Response from the Commissioner of Police for Event Risk Categorisation			

15. 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			
	RAASA approved Signature	Name in block letters	Date

RAASA NOTES
