



| Recreation Aviation Administration South Africa |  |             |              |        |  |
|---|--|-------------|--------------|--------|--|
| Telephone number:                               | 011 082 1000   | Fax Number: | 011 082 1020 | E-mail | <a href="mailto:info@raasa.co.za">info@raasa.co.za</a> |
| Physical address:                               | Hangar 50, Rand Airport, Hurricane Road, Germiston     |             |              |        |  |
| Postal address:                                 | PostNet Suite #118, Private Bag X1037, Germiston, 1400 |             |              |        |  |

**SPECIAL AIR EVENT APPLICATION**

|                                      |  |                    |  |
|--------------------------------------|--|--------------------|--|
| EVENT NAME:                          |  |                    |  |
| <b>1. TYPE OF EVENT / OPERATION:</b> |  |                    |  |
| Air show                             |  | Class D/Mentorship |  |
| Fly – In                             |  | Aero Competition   |  |
| Other (specify)                      |  |                    |  |

|                                    |  |
|------------------------------------|--|
| <b>2. DATE AND DURATION:</b>       |  |
| Date(s) of Event                   |  |
| Duration and time of event (local) |  |

|                    |         |                  |         |
|--------------------|---------|------------------|---------|
| <b>3. LOCATION</b> |         |                  |         |
| Venue              |         |                  |         |
| Elevation          |         | GPS Co-ordinates |         |
| Runway:            | Heading |                  | Surface |
|                    | Length  |                  |         |
|                    | Hazards |                  |         |
|                    |         |                  |         |

|   |  |       |  |
|---|--|-------|--|
| <b>4. ORGANISER/APPLICANT OF SPECIAL AIR EVENT (State if applicant is an ARO)</b> |  |       |  |
| Name:   |  |       |  |
| Tel:  |  | Cell: |  |
| e-mail:   |  |       |  |

|                             |        |  |      |  |
|-----------------------------|--------|--|------|--|
| <b>5. AIRSIDE PERSONNEL</b> |        |  |      |  |
| Safety Officer              | Name   |  | Tel  |  |
|                             | e-mail |  | Cell |  |
| Flight Director             | Name   |  | Tel  |  |
|                             | e-mail |  | Cell |  |

|                    |        |  |      |  |
|--------------------|--------|--|------|--|
| <b>6. SPONSORS</b> |        |  |      |  |
| Main Sponsor       | Name   |  | Tel  |  |
|                    | e-mail |  | Cell |  |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>7. AIR DISPLAY ACTIVITIES</b>   |  |  |  |  |
| <i>(i.e. aerobatics, skydiving, pyrotechnics, formation flying, balloons, gliders etc)</i> |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NB! Note to organizer/applicant: 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 Organizer 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.**

| 9. ORGANISER ACCEPTANCE   |  | 10. OFFICE USE ONLY                                |  |     |    |
|---|--|--|--|-----|----|
| Confirm you have familiarised yourself with the content and requirements of the SAE MOP and applicable legislation. |  | <b>AIR SHOWS ONLY</b>                              |  | YES | NO |
|   |  | Has ASSA accreditation been requested:             | Application submitted on time                  |     |    |
| Name  | YES:   |  | Airside Safety Officer approved                |     |    |
|   | NO:  | Airside Flight Director Approved                   |  |     |    |
| Tel   | Has ASSA accreditation been approved:          | Approval letters: Local authority/ Land Owner      |  |     |    |
| Cell  |  | Confirmation of application to SAPS, Risk category |  |     |    |
| e-mail  | Accredited                                     | Safety Officer/Flight Director Fees paid           |  |     |    |
| DATE  |  | Not Accredited                                     | Confirmation that site meets minimum distances |     |    |
| SIGNED  | Site plan indicating crowd line to runway edge |  |  |     |    |
|   |  |  | Approved                                       |     |    |
|   |  | Declined   |  |     |    |
|   |  | DATE   |  |     |    |
|   |  | SIGNED   |  |     |    |

## SPECIAL AIR EVENT CHECKLIST

### FLEXIBLE USE OF AIRSPACE

|                         |     |  |                  |                        |  |
|-------------------------|-----|--|------------------|------------------------|--|
| Has CAMU been notified? | YES |  | Type of Airspace | Controlled (ATA / CTA) |  |
|                         | NO  |  |                  | Uncontrolled (ATZ)     |  |
| CAMU number             |     |  |                  |                        |  |
| Lateral Limits          |     |  | Vertical Limits  |                        |  |

### ATC

|   |                  |     |    |   |                                 |    |
|---|------------------|-----|----|---|---------------------------------|----|
|   |                  | YES | NO | Name of ATC officer                               |                                 |    |
| Has ATC been requested                      |                  |     |    | Tel   |                                 |    |
| Has ATC been approved                       |                  |     |    | Is AFIS an option<br>(Uncontrolled airspace only) | YES                             | NO |
| Freq for Event                              |                  |     |    |   |                                 |    |
| Call sign                                   |                  |     |    |   |                                 |    |
| Time for                                    | Arrivals         |     |    |   | Other or special<br>Frequencies |    |
|   | Departures       |     |    |   |                                 |    |
|   | Sterile Airspace |     |    |   |                                 |    |
| Submitted in time for AIRAC (if applicable) |                  | YES |    |   | NO                              |    |
| Has NOTAM been requested (if applicable)    |                  | YES |    |   | NO                              |    |

#### Organiser confirmation of the following

#### Organiser to submit the following documents to RAASA, and confirmation of compliance with the following requirements

|   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| Have the following authorities been notified and approvals obtained (as applicable) | YES | NO |   | YES | NO |
| Local Authorities/Municipality (as applicable)                                      |     |    | Signed Pre-Event Safety Audit (airside)         |     |    |
| Land Owners/Operators (as applicable)   |     |    | Signed Emergency Response plan (airside)        |     |    |
| SAPS (Risk Categorisation)  |     |    | Signed Evacuation Plan                          |     |    |
| Fire Department   |     |    | Signed Operations Plan (airside)                |     |    |
| Medical/Ambulance services  |     |    | Event Program (airside)                         |     |    |
| Metro/Traffic Police  |     |    | Appropriate fire services present at event      |     |    |
| Local Hospitals   |     |    | Medical, Advanced life support present at event |     |    |

#### Organisation

#### Name

#### Tel/Cell:

|                            |  |  |
|----------------------------|--|--|
| VOC Commander              |  |  |
| Fire Dept                  |  |  |
| Ambulance                  |  |  |
| SAPS                       |  |  |
| Hospital                   |  |  |
| Public side Safety Officer |  |  |

**NB! The organiser shall ensure the following;**

**Suitable public safety officers are appointed and present at the event.**

**Public emergency response and evacuation plans are approved by suitable officials, i.e. SAPS, Fire Brigade etc.**

#### CONFIRMATION of PUBLIC LIABILITY INSURANCE

#### CONFIRMATION of PUBLIC COMMENTATOR

|                 |  |   |  |
|-----------------|--|---|--|
| Name of Insurer |  | Name  |  |
| Contact Details |  | Contact Details   |  |
|                 |  | E-mail  |  |
| Value           |  | <b>NB: Must be familiar with emergency and evacuation procedures at public events</b> |  |

#### Special Procedures: List following on a separate page with an attached map where applicable.

|                             |  |                           |
|-----------------------------|--|---------------------------|
| Reporting points & distance | Unmanned Joining procedures            | Approach routes           |
| Departure procedures        | Any other special procedures & hazards | Maps of area and airfield |

#### ORGANISER CONFIRMATION OF ACCEPTANCE OF THE ABOVE REQUIREMENTS.

|      |  |           |  |
|------|--|-----------|--|
| Name |  | Signature |  |
| Date |  |           |  |