



Section/division: **General Aviation**
 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 Handbook)

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 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"/> Flour / Water Bombing | <input type="checkbox"/> Microlight | <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 air shows are 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 DETAILED 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 PERSONNEL

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 MUST BE 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 SACAA AND THE FLIGHT DISPLAY DIRECTOR (FDD) ADDED ON THE POLICY SCHEDULE AS CO-INSURED		
14. ATTACHMENTS		
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) <input type="checkbox"/> - 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 Handbook (SAE-Handbook) 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