



Section/division **FLIGHT OPERATIONS DEPARTMENT , ASO**
 Telephone number: **011-545-1000**
 Physical address **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**
 Postal address: **Private Bag X73, Halfway House 1685** Website: www.caa.co.za

Form Number: CA 91-06
 Fax Number: 011-545 1350

APPLICATION FOR AD HOC HELICOPTER LANDINGS ito CAR 91.07.4

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|---|--|--|----------------------|-----|-----------|
| Notes: NB | | | | | |
| <ul style="list-style-type: none"> 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- | |
| 3.3 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 |

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|---|------------------------------|-------------------|
| 9. DECLARATION | | |
| I, the undersigned, | (Name of Declarant) | in my capacity as |
| (Job title) | of | (Company) |
| <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 1997, the Air Services Licensing Act, no 115 of 1990, the Domestic Air Services Regulations of 1991 and the Operations Manual of | | |
| (Company Name) | | |
| 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: | (APPROVED/NOT APPROVED STAMP) | |
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