



SPECIAL AIR EVENT APPLICATION					
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Physical address:	Hangar 50, Rand Airport, Hurricane Road, Germiston				
Postal address:	Post Net Suite #118, Private Bag X1037, Germiston, 1400				
Recreation Aviation Administration South Africa					
NB! 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)					

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

2. DATE AND DURATION:	
Date(s) of Event	
Duration and time of event (local)	

3. LOCATION			
Venue			
Elevation		GPS Co-ordinates	
Runway:	Heading		Surface
	Length		
	Hazards		

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

5. AIRSIDE PERSONNEL			
Approved Safety Officer	Name		Tel
	e-mail		Cell
Approved Flight Director	Name		Tel
	e-mail		Cell

6. SPONSORS			
Main Sponsor	Name		Tel
	e-mail		Cell

7. AIR DISPLAY ACTIVITIES	
<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 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.

9. ORGANISER ACCEPTANCE		10. OFFICE USE ONLY	
Confirm you have familiarised yourself with the content and requirements of the SAE MOP and applicable legislation.		YES	NO
		Is Application submitted to RAASA on time (150days prior to event)	
		Airsides Safety Officer appointed by RAASA	
		Airsides Flight Director Approved by RAASA	
Name		Confirmation of application to SAPS, Risk category	
		Approval letters: Local authority/ Land Owner	
Tel		Safety Officer/Flight Director Fees paid to RAASA	
Cell			
e-mail		Approved	
		Declined	
DATE		DATE	
SIGNED		SIGNED	

SPECIAL AIR EVENT CHECKLIST

FLEXIBLE USE OF AIRSPACE

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

ATC/AFIS

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

Organiser confirmation of compliance with 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 written 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 suitable to aviation events			Signed Operations Plan (airside)		
Medical/Ambulance services with advanced life support			Event Program (airside)		
Metro/Traffic Police			Appropriate fire services to be present at event venue, and to be briefed on aircraft/aviation matters by SO		
Local Hospitals			Medical, Advanced life support to be present at event venue, and to be briefed on aircraft/aviation matters by SO		

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	
Value		E-mail	
NB: Must be familiar with emergency and evacuation procedures at public events			

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		