

A picture containing text

Description automatically generated***Application for Aviation Event Authorisation***

***Under Civil Aviation Rules, Part 91***

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| Application requirements and instructions for completing the form  1. *Please ensure all documents are enclosed. No application will be processed until all required documentation is received.* 2. *For guidance on aviation events refer to* [**AC91-1 Aviation Events**](https://www.aviation.govt.nz/rules/advisory-circulars/show/AC91-1) *and the* [**NZASA Guide to Airshow Display Director Manual**](https://www.aviation.govt.nz/licensing-and-certification/airshows/) 3. *Submit your application at least* ***90 days*** *before the planned event.* 4. ***The charge is at the current*** [***standard hourly rate***](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/) ***for the time taken to assess and process the application.*** |

# Organisation Details

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| --- | --- | --- | --- | --- | --- |
| **Event Organiser** | | | | | |
| **CAA Participant Number** (*if known)* | |  | |  | |
| **Legal Name of Organisation** | |  | | | |
| **Address for Service**  *The Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address, not a P.O. Box) and to promptly notify the Director of any changes.* | | | **Postal Address**  *(if different from Address for Service)* | | |
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| Post Code |  | | Post Code | |  |
| Tel |  | | Tel | |  |
| Email |  | | Email | |  |
| **Display Director** | | | | | |
| **CAA Participant Number** (*if known)* | |  | |  | |
| Tel |  | | | | |
| Email |  | | | | |
| **Event Details** | | | | | |
| Event Date(s) |  | | Time | |  |
| Practice Date(s) |  | | Time | |  |
| Name of Event Site |  | | | | |

# Airspace Requirements

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# Description of Aviation Event

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| *Please provide ALL information required by both Sections 2.1 – 3.13 of* [*AC91-1*](https://www.aviation.govt.nz/rules/advisory-circulars/show/AC91-1) *and the* [*NZASA Guide to Airshow Display Director Manual*](https://www.aviation.govt.nz/licensing-and-certification/airshows/) *by completing the table below OR attaching a relevant Manual that provides this information* |
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| *Please Attach a map, plan, chart or drawing to show the following:*  *Display flying areas*  *Display line(s)*  *Article dropping area(s)*  *Aircraft park area(s)*  *Static aircraft display area(s)*  *Display aircraft park area(s)*  *Spectator area(s)*  *Car park area(s)*  *Congested area(s) if present*  *Any practice area(s)* |  |

# Participating Aircraft

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| --- | --- | --- | --- | --- | --- |
| *Military Aircraft and Parachute Teams to be included* | | | | | |
| Aircraft Type | Reg | Operator | Pilot | Min. Height | Activity |
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# Applicant’s Declaration

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| *The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 49 of the Civil Aviation Act 1990 and is subject, in the case of a body corporate, to a maximum fine of $50,000.* | I have obtained a copy of CAR Part 91 and AC 91-1 and the NZASA Guide to Airshow Display Director Manual.  This application is made for and on behalf of the organisation identified above. | | |
| I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct. | | |
| **Applicant Name** |  | **CAA Participant Number (if known)** |  |
| **Title or Position** |  |  | |
| **Signature** |  | **Date of application** |  |

**Submit the completed application and supporting documentation to either:**

**Email:** [certification@caa.govt.nz](mailto:certification@caa.govt.nz)

**Post:** Certification Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140

# CAA USE ONLY

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| *Please ensure all documents are enclosed.*  *Applications which are incomplete or lacking any required documents will not be processed.* | 1. Date Received |  | |
| 1. All necessary sections completed | Yes | No |
| 1. Programme approved - Completed rule compliance matrix enclosed |  | |
| Work request No. |  | |
|  | **Assessed by**  **(Flight Operations Inspector)** | Date | |

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| *Use this sheet if you need to provide further information or explanations that do not fit in the original sections of the form.* | |
| **Section** | **Additional details or explanations** |
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