

Application for Aviation Event Authorisation
Under CAR Part 91

Note: The CAA Standard Rate hourly charge applies.

1. Organisation Details

Event Organiser Name					
Client No: (if known)					
Address for Service: <i>Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (ie, a physical address) and to promptly notify the Director of any changes</i>					
Tel:		Fax:		Email:	
Postal Address: <i>(If different from Address for Service.)</i>					
Tel:		Fax:		Email:	
Display Coordinator Name					
Client No: (if known)					
Address for Service: <i>Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (ie, a physical address) and to promptly notify the Director of any changes</i>					
Tel:		Fax:		Email:	
Postal Address: <i>(If different from Address for Service.)</i>					
Name of Safety Observers					
Event Date(s)				Time	
Practice Date(s)				Time	
Name of Event Site					

Note: For guidance on Aviation Events refer to AC91-1

2. Participating Aircraft

Military aircraft and parachute teams to be included					
Aircraft Type	Reg	Operator	Pilot	Min. Ht	Activity

7. Applicants Declaration

I have obtained a copy of CAR Part 91 and AC 91-1 and the information supplied on this form is accurate and complete

Signatures(s)*Date.....

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If an organisation, state capacity if person signing — Name (print)

Title or position.....

**Send Completed Form to:
Civil Aviation Authority, PO Box 3555, Wellington 6140.**

CAA use Only

Date received: Programme approved Yes No Job No:

Assessed by: (Flight Operations Inspector) Date:
