

Application to conduct an Aerial Display

(Aerial displays include fixed/rotary winged aircraft, lighter-than-air, kites, sailplanes, parachuting, UAVs)



Civil Aviation Directorate – Air Navigation Services & Aerodromes Unit

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Sections 1 to 5 to be completed by applicant/s

Section 1	Details of Event
<i>Please complete all fields</i>	
Name of event:	
Dates of event:	
Location/s:	Static display location:
	Flying display location:

Section 2	Organising Entity
<i>Please complete all fields</i>	
Name of organisation:	
Postal Address:	
Telephone/Cellular:	
E-mail address:	
HTTP:	

Section 3	Accountable Personnel		
<i>Please complete all fields as applicable</i>			
Aerial Display Organiser (ADO)			
Name & Surname:		ID/Passport No:	
Telephone/Cellular:			
E-mail address:			
Aerial Display Director (ADD)			
Name & Surname:		ID/Passport No:	
Telephone/Cellular:			
E-mail address:			
Details of Accreditation:	Issuing Authority:		
	Validity:		

Aerial Display Committee (ADC)				
	Name & Surname	Role	ID/Passport	Cellular
1		Deputy Aerial Display Director		
2		Safety Management		
3		Apron Management Service		
4				
5				
6				
7				
8				

Section 4	Required Documentation
<i>Please mark as necessary. All documents must be submitted not later than thirty (30) working days prior to event.</i>	
Copy of Insurance policy:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of safety risk assessment:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1:1600 map of boundaries of display area:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of participating aircraft:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Apron parking plan:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Display programme:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Section 5	Declaration
<p>It is hereby declared that the applied for aerial event shall be planned, organised, and conducted in a manner which ensures public safety is given the highest priority by complying with prescribed rules and regulations as mandated by national and EU law. It is further attested that all the necessary permits/authorisations have been secured from pertinent authorities as applicable.</p>	
<div> <div> <hr/> Name: AERIAL DISPLAY ORGANISER Date: </div> <div> <hr/> Name: AERIAL DISPLAY DIRECTOR Date: </div> </div>	

Sections A to D to be completed by reviewing authorities

Section A	Review by Aerodrome Operator
Use of the aerodrome by the organisers shall not contravene the Terms of the Certificate, and the requirements specified within Form LMML-ADR-01 have been endorsed by the Aerial Display Organiser.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A safety risk assessment (SRA) in line with provisions of (EU)139/2014 has been conducted to analyse the impact on aerodrome operations.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
It is ensured that the mitigations resulting from the SRA are implemented and relevant personnel are briefed accordingly.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Effective coordination with ADO, ADD, ADC, and ANSP shall be employed for the duration of the event.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Aerodrome users have been pre-empted of resultant restrictions by notifications through the Aeronautical Information Service and other appropriate means.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Comments/Conditions:	
<p>It is hereby confirmed that following review of the planned aerial event and its impact on aerodrome operations, Malta International Airport finds no objection, subject to any stipulated terms and conditions disseminated to event organisers.</p> <hr/> <p>Name:</p> <p>Chief Executive Officer – Malta International Airport plc</p> <p>Date:</p>	

Section C	Review by Competent Authority
Copy of Insurance Policy Received and is fit for purpose.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Copy of event safety risk assessment received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Map of display area received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
List of participating aircraft received.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Apron parking plan received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Display programme received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ADO, ADD, ADC nominated and accredited.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Emergency response plan available.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Permits, authorisations, approvals from other Authorities are available.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Aerodrome Operator change management process implemented and SRA reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Aerodrome users notified of movement area closures as required.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ANSP change management process implemented and SA received.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Airspace users notified of restricted areas, closures, and expected disruptions as required.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Comments/Conditions:	
<div>Reviewed by:</div> <div> <div></div> <div></div> </div> <div> <div>Name:</div> <div>Inspector (Air Navigation Services & Aerodromes)</div> <div>Date:</div> </div> <div> <div>Name:</div> <div>Flight Operations Inspector</div> <div>Date:</div> </div>	

After careful consideration of the provided documentation and following satisfactory review by respective stakeholders, permission is hereby being granted in favour of _____, to organise the referred to aerial display between _____ and _____.

This approval shall be subject to the prescribed terms and conditions communicated to the organiser/s, and shall remain valid for the duration of the activity unless suspended or revoked.

Name:

Director General for Civil Aviation

Date:

App Ref: TM/CAD/FYD/000/20XX