

# Application to conduct Off-Site Operations

(Off-site operations include landings/take-offs from unlicensed sites on land or sea)



## 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 Activity
<i>Please complete all fields</i>	
Name of activity:	
Dates of activity:	
Location/s:	
Purpose of activity:	

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>			
Activity Organiser (AO)			
Name & Surname:		ID/Passport No:	
Telephone/Cellular:			
E-mail address:			
Activity Safety Manager (ASM)			
Name & Surname:		ID/Passport No:	
Telephone/Cellular:			
E-mail address:			

Other Nominated Persons				
	Name & Surname	Role	ID/Passport	Cellular
1		Pilot in Command		
2		Site Manager		
3				
4				

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 activity Insurance policy:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of safety risk assessment & emergency response plan:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Map of landing area:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of involved aircraft:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copies of flight crew licenses:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copies of aircraft Insurance, Airworthiness, & Registration	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of event schedule:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Indemnity form:	Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Section 5	Declaration
<p>It is hereby declared that the applied for off-site activity 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:  ACTIVITY ORGANISER  Date: </div> <div> <hr/> Name:  ACTIVITY SAFETY MANAGER  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 pertinent apron management, ground-handling, customs/immigration, and security provisions have been applied.	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 activity organiser, and ANSP shall be employed for the duration of the activity.	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 AIS and other appropriate means.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Comments/Conditions:</b>          	
<p>It is hereby confirmed that following review of the planned activity and its impact on aerodrome operations, Malta International Airport finds no objection, subject to any stipulated terms and conditions disseminated to activity organisers.</p>          <hr/> <p><i>Name:</i></p> <p><i>f/Chief Executive Officer – Malta International Airport plc</i></p> <p><i>Date:</i></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 and Emergency Response plan 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"/>	
Copy of flight crew licenses received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Copy of aircraft documents received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Activity schedule received and reviewed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
List of nominated persons received	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 comments and no objection received.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
ANSP comments and no objection received.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Indemnity form 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"/>	
Site visit conducted and satisfactorily assessed.	Confirmed: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Comments/Conditions:</b>   		
Reviewed by:   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr/> <p><i>Name:</i></p> <p><i>Inspector (Air Navigation Services &amp; Aerodromes)</i></p> <p><i>Date:</i></p> </div> <div style="width: 45%;"> <hr/> <p><i>Name:</i></p> <p><i>Flight Operations Inspector – General Aviation</i></p> <p><i>Date:</i></p> </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 operate off-site 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/OFS/000/20XX