

Parachute Association of Namibia

www.panam.com.na

☐ Temporary/ ☐ Permanent DZ Application

Delete whichever is not applicable or Tick applicable.

Fax this form to:

Namibian Civil Aviation Authority

Fax: 061-702244 / **Tel:** 061-239850

Attention: Chief Air Traffic Controller (CATCO)

Copy to:

PANAM Admin

Telephone and fax:

064-403446

For Permanent DZ:

Post original form plus all supporting documents to:

PANAM Admin

P O Box 281, Swakopmund

Flight Information Region (FIR): tick appropriate one

☐ Swakopmund ☐ Windhoek ☐ Tsumeb

Parachute Club or Organisation:

Only operations that are DZO approved may apply for DZ registration.

Contact Person:

Fax

No.:

Tel.

No.:

Permission is hereby requested for registration of a temporary/permanent DZ (delete whichever is not applicable):

Note: Separate application is required for each venue or temporary occasion.

Location of DZ

(GPS Co-ordinates if not a Registered Airfield):

Date/s of operation:

Daily Hours of operation (local):

Elevation of DZ (AMSL):

Max. Altitude Requested (AMSL):

Nearest Airfield:

Direction of Airfield from DZ:

Nearest Town/City:

Aircraft Registration:

Name of Pilot and licence number:

CI/SO name and Rating No.:

DZ Student or Non-Student:

☐ Student

☐ Non-Student

Note to Drop Zone Operator:

Submit requests at least 10 working days in advance for Temporary DZ or 60 days in the case of Permanent DZ.

The following documents **must** be obtained and held on file: (For Permanent, send to NCAA & NSTO, copies to be held on file)

1. Local Authority and/or landowner's permission.

2. Plan of DZ showing location, dimensions and hazards. Clearly!

It is highly recommended that you obtain your own Public liability insurance, the PANAM 3rd Party cover is not available for Temporary or Permanent DZ's.

Declaration:

By you signing here, you take responsibility that:

1. The PANAM Manual of Procedures is to be adhered to.

2. NCAA and PANAM approvals are obtained before operations commence. (This document, returned by NCAA, signed and with reference number). Copies to be available to all pilots.

Request submitted by: Name (Printed):

Signature and Licence/Rating No.:

Date:

Comments:

Namibian Civil Aviation Authority use:

Approved ☐

Not Approved ☐

Approval No:

ATNS approval: (to be obtained by NCAA):

Radio contact to be maintained with:

Comments/Restrictions:

Approved by: