



Australian Warbirds Association Ltd

Application for Approval to Conduct a Fly-Past

Version 1.2

10 March 2016



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How to Apply for Evaluation of a Proposed Fly-Past

All nominated display pilots must hold Full (Flying) Membership in the Australian Warbirds Association Ltd for consideration of an application for Air Display or Fly-Past evaluation and approval. Said membership must be current at the time of application as well as the date(s) of any approved display(s). This requirement extends to all pilots listed on an application, regardless of the airworthiness category their respective aircraft operate under or nationality of registration.

Following are application forms to conduct Air Displays and/or Fly-Pasts.

To ensure timely evaluation of your application, please ensure you have completed and included the following:

- Form AD-1(B) *Application for Approval To Conduct a Fly-Past*
- Form AD-2 *Required Supporting Attachments* as necessary
- Form AD-3 *Display Pilot and Aircraft Details Sheet*
- Completed *Risk Assessment and Action Plan*

In Addition, please provide copies of the following:

- Australian Private, Commercial, or Airline Transport Pilots License; or a Foreign equivalent with a current validation/permission to operate as pilot-in-command in Australia
- Proof of your most recent Flight Review
- Any Endorsements or Ratings as Applicable to the requested display (IE: Formation, Low-Level, Aerobatic, etc...)
- Valid/Current Aviation Medical Certificate
- Current Maintenance Release for the display aircraft

If you have any questions with regards to completing this application, please contact AWAL directly at dsa@australianwarbirds.com.au, 0417 234 626, or 0432 318 282. Your enquiry will be answered promptly.



AWAL Application for Approval to Conduct a Fly-Past (Ver. 1.2 10 March 2016)

**Form AD-1(B): Application for Approval to Conduct a Fly-Past
(Ver. 1.2 10 March 2016)**

Section A: Applicant Details

Full Name of Applicant(s)

Address

Current AWAL member? Yes___ No___

Full Name of Person Nominated as Display Organiser (If applicable)

Address

Current AWAL member? Yes___ No___

Telephone No (Work) (Home) (Mobile) E-mail

Council or Organisation Requesting the Fly-Past

Primary Contact

Telephone No (Work) (Mobile) E-mail

Section B: Fly-Past Details (If more space is required, please provide as a separate attachment)

Location

Site Details

Date(s) of Fly-Past

Start Time of Fly-Past

Finish Time of Fly-Past

Date, Time, and Location of Pre-Fly Past Briefing

Requested Height of Fly-Past



Form AD-1(B): Application for Approval to Conduct a Fly-Past (Cont...) (Ver. 1.2 10 March 2016)

Estimated Maximum Radius of Operations over the Fly-Past and vicinity

Estimated Number of Spectators Expected

Section C: Participants

Types of Fly-Past (Check all that apply):

Single Aircraft Fly-Past ___

Formation Fly-Past ___

Number of Warbirds in the Formation(s) _____

Confirm All Participants hold a Formation Rating as required by CASA Yes ___ No ___

Helicopter Fly-Past ___

Other ___ (Please provide a description separately and attach to this application)

Section D: Emergency Services

Police:

Name of Station

Availability (Check one): Display Site ___ On Call ___

Contact Name(s)

Contact Phone Number(s)

Fire Service:

Name of Station

Availability (Check one): Display Site ___ On Call ___

Contact Name(s)

Contact Phone Number(s)

Ambulance:

Name of Station

Availability (Check one): Display Site ___ On Call ___

Contact Name(s)

Contact Phone Number(s)

Has this exact proposed display been successfully flown previously by the same pilot in the same aircraft and at the same location? Yes ___ No ___

If Yes, please provide the date(s) of the previous display(s): _____

(If available, please attach copies of any approvals pertaining to these previous displays to this application)



Form AD-2: Required Supporting Attachments

(Ver. 1.2 10 March 2016)

Attach the following documents, as applicable, in support of this application (Place a check by those attached):

- Full Fly-Past Program/Description
- Diagram of the Display or Fly-Past Location Clearly Showing (as appropriate/applicable):

Fly-Past Axis	Aircraft Holding Points	Manoeuvring Areas
Helipad(s)	Display Aircraft Parking	Static Display Area(s)
Adventure Flight Embarkation Points	Spectator Viewing/Control Areas	Refueling Area(s)
Location of Emergency Services		
- Copy of Permission(s) from Aerodrome Owner(s)
- Copy of Permission(s), request(s), or invitation(s) from councils or local organisations
- Display Pilot Details Sheet (one for each display pilot)
- Details of any Pyrotechnics or Ground Effects

I, the undersigned, declare that all the information provided herein and attached in support of this application is true and correct. As a condition of consideration and approval of this application, I agree to all processes, procedures, and policies as outlined in this manual as well as in AWAL's *Air Display Evaluation and Approvals Procedures* and *Air Display Risk Assessment Material*. Furthermore, in the event my/our application is approved, I agree to abide by all terms, conditions, and limitations in the execution of the operations as outlined in the approval documents.

Signature

Signature

Name

Name

Date

Date

Signature

Signature

Name

Name

Date

Date

Please include additional copies of this page if more than four signatures are required for an application.



Form AD-3: Display Pilot and Aircraft Details
(Ver. 1.2 10 March 2016)

Pilot's Full Name

ARN

Date of Birth

Address

Telephone Number

AWAL Member Number

Flight Crew License Type (Check one): ATPL ___ CPL ___ PPL ___

Medical Certificate Details: Class 1: Expiry: ____/____/____

Class 2: Expiry: ____/____/____

Display Aircraft Type

Registration: VH-_____

Pilot's Total Flying Hours: _____ Hours on Type: _____

Previous Display Experience (If necessary, list separately and attach to this application): _____

Propose Display Details (If necessary, list separately and attach to this application): _____

Minimum Altitude Requested: _____ feet Maximum Altitude: _____ feet

Low-Level Aerobatic Flight Approval Number (if applicable): _____

Date Issued: ____/____/____ Minimum Altitude Permitted: _____ feet