Notice of Proposal to use Pyrotechnics or Weapons - CAR Part 77



This form is to be used to notify CAA of a proposal to conduct a pyrotechnics display or use weapons that involves the firing or launching of a projectile that has a trajectory higher than:

- · 45m AGL if within 4km of an aerodrome boundary; or
- 120m AGL if more than 4km from an aerodrome boundary.*
- * This notification is not required if the proposal to stage a pyrotechnic display or use of weapons in an air traffic control zone when the ATC unit is on duty, in which case the proposer must obtain prior authorisation from that ATC unit at least 5 working days prior to the activity.

This notification is to be submitted to the CAA at least 5 working days notice prior to the proposed date of the activity.

The CAA Standard Rate hourly charge applies.

1. Proposer Details

Name: (Individual or Organisation)								
Civil Av require provide service a physi prompt	ess for Service: viation Act, s8, es applicants to e an address for e in New Zealand (ie, ical address) and to ely notify the Director changes.							
Tel:		Fax:			Email:			
Postal Address (If different from Address for Service.)								
Authorised Contact:								
Tel:		Fax:			Email:			

2. Nature of Proposal

Event Address				
Location Lat (WGS84)		°S Long		°E
Start date/time (NZST, NZDT or UTC)		Completion date/time		
A. Elevation of site above mean sea level (metres)		B. Completed height ground level (metres		
C. Maximum effective height of activity aboremean sea level (metres) (C=A+B)		ve		

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3. Description of Proposal

Complete description of proposal. Examples of details required are: (a) types of pyrotechnical devices or weapons to be used; (b) height range of burst type pyrotechnics or shells; (c) site or event details.			
Proposed timing within the event			
(indicate if in NZST, NZDT or UTC):			
Alternative timing if required:			
Lateral dimensions or position of activity (indicate the radius, width, area or geographical coordinates as required):			
Designated Controlling Authority or contact person for special use airspace and contact details:			

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	Evidence of consultation with ot affected airspace users, if any:	her			
	Other information pertinent to the activity or event (procedures, suarrangements, expected peripheractivity, etc, please attach as necessary)	ipport			
5. Certification I hereby certify that all the above statements made by me are true and complete to the best of my knowledge.					
	Printed Name	Signature	Date		
T	he notice required shall be made	by submitting this form to:			
Manager Aeronautical Services Civil Aviation Authority PO Box 3555 Wellington 6140					
The notice may also be submitted to: airspacehazards@caa.govt.nz					
Notification to the Civil Aviation Authority does not waive the requirements of any other local body or Government agency.					