



NCAA Application Form for Civil Activity User Airspace - CAUA

Email this form to:  
 ANS Safety Oversight Office  
[ansso@dca.com.na](mailto:ansso@dca.com.na)  
 Tel:+264 83 235 2388/9 OR +264 83 235 2890/1/2

Form: FSS-ANSSO-FORM015-19A-CAUA  
 ANSSO Ref Nr: NCAA/ANSSO/\_\_\_/\_\_\_

Contact Person:	Tel No:
	Cell No:
	Email:

**Note:** A Separate application is required for each operation. Use appropriate drop down boxes to select information

1)Type of Operations	2)Civil Operations Select Operation	3)Specify If Other
4)Aircraft Registration:	5)Aircraft Type:	6)Aircraft Call Sign:
7)Transponder Type:	8)Location Indicator (Name of Place/Aerodrome): <i>(If nil Location Indicator use WGS 84 Co-ordinates* See note 4 below)</i>	
9)Centre Co-ordinate:	10)Radius around Co-ordinate:	
11)If polygon shape the outer most co-ordinates of the Area:		
12)Date/s of Operation:	To	13)Nr of Helium/Sky Lanterns to be released:
14)Daily hours of operation (UTC):	To	
15)Elevation of Operational area in Feet(AMSL) If Known:	16)Vertical Limit of Operation <i>(Please select EITHER Altitude below 10 000FT OR FLIGHT LEVEL ABOVE FL105):</i> _____ <b>FT Select Altitude Setting Type</b> or <b>FL</b> Select Flight Level	
17)Name of Nearest Airfield/Aerodrome: (including Co-ordinates & when available the ICAO Location Indicator)		
18)Direction of Operation from Airfield:	19)Distance of Operation from Airfield (NM):	
20) Name of Nearest Village/Town/City:		
21)Direction of operation from Village/Town/City:	22)Distance of Operation from Village/Town/City(NM):	

**Note to All Operator:**

Applications to be submitted for assessment minimum of 14 calendar days prior to operation. Complex applications to be submitted at least 30 days in advance. Assessment of applications will commence when all relevant supporting documentation has been received by the ANSSO division.

The following supporting documents must be submitted with the application form and will be kept on file

- Operators must submit images of Location of Operation and Dimension with Google Earth and KMZ/KML files with the all of the information.
- Completed Risk Assessment for each Location of Operation
- Survey flights are required to provide the outer coordinates of the survey area(s).
- A clear Aeronautical map with the survey area(s) depicted on the map should be submitted with the FUA application.
- \* Geographical positions must be published according to the WGS-84 standard in the form of sexagesimal degrees (Degrees, Minutes, Seconds and decimals of a second)**
- For operations on an Aerodrome; Applicant to submit Approval from Aerodrome Operator
- Local Authority and/or Land Lord Permission where applicable
- Does the RPAS have the following Capabilities:
  - 2 Way Radio Communication
  - Sense and Avoid Capability
  - C2 failure procedure  *(Insert Details of C2 Failure Procedure below)*

**Additional Application Forms**

- Parachute DZ applications in addition to submit the FSS-ANSSO-FORM015-19E
- Recreational Site applications in addition to submit the FSS-ANSSO-FORM015-19C-RAS

Declaration:

The undersigned person shall be responsible to ensure that all operations to be:

1. Conducted in accordance to the relevant Namibia Civil Aviation Regulations and applicable organisation's procedures
2. Undertaken as per the conditions or restrictions imposed by the Executive Director and that no Drop Zone Site operations will occur without a valid approval as issued by the NCAA if such is required.
3. Published in the required Aeronautical Information Publications and/or applicable NOTAMs are issued
4. Where so required, all operators, pilots or participants shall be duly licensed or certificated and hold the required level of medical fitness.
5. Acknowledge that any approval issued by the NCAA can be surrendered, suspended or revoked at any time.

Request Submitted by:

Name (printed):

Licence/Rating No:

Comment:

Signature:

Date:

Civil Aviation Authority Use:

Approved

Not Approved

Approval No:

ATSU  
Jurisdiction

ACC NORTH

FIS NORTH

FYWB TMA

FYWB TWR

FYLZ TWR

FYOA TWR

ACC SOUTH

FIS SOUTH

FYWH TMA

FYWH TWR

FYWE TWR

FYKM TWR

ATS comment  
not required

Outside of  
Controlled Airspace  
& Below 1500 FT AGL

Unmanned  
Aerodrome  
& Within 5NM

ATS comment  
required

Outside of  
Controlled  
Airspace &  
Above 1500 FT  
AGL

Manned  
Aerodrome  
& Within 5NM

NOTAM  
action  
required

Temporary

Segregated

Danger

Reserved

Restricted

Prohibited

ATS

Radio Contact to be maintained with:  
Comments/Restrictions:

Recommendation

Recommended

Not Recommended

Name:

Signature:

ANSSO

Notam Nr:

Comments/Restrictions:

Recommendation

Approved

Not Approved

Inspector Name:

Inspector Signature: