

MODEL AERONAUTICAL ASSOCIATION of AUSTRALIA APPLICATION TO REGISTER AN APPROVED FLYING AREA FOR MODEL AIRCRAFT

The Club/Association as detailed below wishes to apply for the Registration of an Approved Flying Area for the Operation of Model Aircraft and offer the following details in support of the application:

1.	1. Name of Applicant Club:	
2.	2. Secretary: (Name of Club Secretary)	
3.	3. Address:	
	Post	Code
	Phone: Email:	
4.	4. Location of Field:	
	Latitude: Longitude:	
	Method of obtaining coordinates: GPS; Map; Other(Circle method)	
	If Map, details/title of map:	
	Road name:	
	Town/City:(Attach locality plan and site plan.)	
5.	5. Is a permanent exemption/s to the provisions of CASR (1998) Part 1 YES / NO If yes give reasons and supply details. Please also attach form MAAA00 Exemption from CASR (1998) Part 101 Paragraph No	5 – Application for
	Paragraph No Reason:	
6.	 Declaration: The information in support of this application to register an Approved Fly Aircraft is to my knowledge true and correct. 	ying Area for Mode
	Club/Association Secretary's signature:	. Date:
7.	7. This application to register an Approved Flying Area is supported b	y:
	Name of State Association	
	Authorised person: Position:	Date:
	Phone: Email:	