## Operational Permit for Included RPA Operations

This permit form along with required documents must be submitted to the ARV Work Supervisor for approval prior to operation via <a href="mailto:info@alpineresorts.vic.gov.au">info@alpineresorts.vic.gov.au</a>

1	ARV Work Supervisor:
2	Date(s) of flight(s):
3	Location of operation:
4	Company holding governing ReOC:
5	Chief Remote Pilot Name:
6	RPA Operator Organisation:
7	RPA Operator Name:

## **FLIGHT APPROVAL**

DELGATED AUTHORITY	ARV General Manager or Delegate
NAME	
POSITION	
SIGNATURE	
DATE	



ITEM	CHECK WHEN COMPLETE	ITEM DETAIL	REQUIREMENT
1		Operator's company holds or is covered by an RPA Operator's Certificate	ReOC Number Provide copy of certificate
2		RPA operator holds a Remote Pilot Licence.	Provide copy of certificate
3		Operator holds current public liability insurance of \$10 million, including full flight risk	Provide copy of certificate
4		<ul> <li>Landing and Take-Off Site selection:</li> <li>30m clearance zone will be maintained</li> <li>Not in proximity to populous areas</li> <li>Consideration to ski infrastructure given</li> </ul>	Site meets CASA flight requirements
5		Permission has been granted by land-owner or ARV.	Provide / Obtain written permission
6		Operator will complete a risk assessment for the planned flight. Including take-off and landing sites as relevant to the operation area.	Provide copy of assessment and map of operation area
7		Operator will provide a safety briefing that clearly defines the roles and responsibilities of all involved.	Activity will be stated on risk assessment
8		Operator has obtained approvals for constrained flight operations, where required. <sup>1</sup>	Obtain a copy of approval document



## **OFFICIAL**

(This must be your registered business name and mate	ch the Certificate of Currency provided fo	r application)
Note: Permit is issued in this name and must match Certific	rate of Currency.	
2. Permittee Business status:		
What is your ABN?	Individual / Sole Trader	* Is your organisation
What is your ACN?	Company	a registered charity o
Registration number?	Incorporated Association	organisation?  No Yes
	Trust	
3. Permittee's contact details:		
Name of authorised contact:	Position/title:	
Mobile: Email:		
Address:		
Suburb	State Postcode	

