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|  | **HOT AIR BALLOON APPLICATION FORM** | **Form** | **AWR 031** |
| **Issue** | **1** |
| **Civil Aviation Authority - DGCAR** | **Revision** | **4** |
| **Date** | **12/10/2025** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **□ New Application** **□ Extension □ Operation or C of A Renewal** | | | | | | | | |
| **1. Applicant** | | | | | | | | |
| **Name:** | | | | | | | | |
| **Address:** | | | | | | | | |
|  | | | | | | | | |
| **Tel:** | | | **Email:** | | | | | |
| **Contact person:** | | | | | | | | |
| **Place of operation:** | | | | | | | | |
| **2. Operator if not the applicant** | | | | | | | | |
| **Name:** | | | | | | | | |
| **Address:** | | | | | | | | |
|  | | | | | | | | |
| **Tel:** | | | **Email:** | | | | | |
| **3.**  **Provide, on a separate sheet, the proposed operation area with precise coordinates for the new operation.** | | | | | | | | |
| **4. Balloon: specifications** | | | | | | | | |
|  | **Envelope** | | **Basket** | | | | **Burner(s)** | |
| **Manufacturer:** |  | |  | | | |  |  |
| **Model P/N:** |  | |  | | | |  |  |
| **Serial No.:** |  | |  | | | |  |  |
| **Volume in m3** |  | |  | | | | | |
| **Pax.no** |  | | | | | | | |
| **Reg. Mark:** | | **MTOM (kg):** | | | **Basket Cat.** | | | |
| **Total Fight hours until this application date:** | | | | | | | | |
| **5. Fuel Cylinders** | | | | | | | | |
| **Fuel Cylinders** | **Make:** | **Part No.:** | **Serial No.:** | **Date of Maintenance Release** | | | **Hydrostatic due date:** | **Next inspection due date:** |
| 1 |  |  |  |  | | |  |  |
| 2 |  |  |  |  | | |  |  |
| 3 |  |  |  |  | | |  |  |
| 4 |  |  |  |  | | |  |  |
| **6. Balloon conforms to TCDS and acceptable design changes:** | | | | | | **□ Yes □ No – State Below Why** | | |
| ……………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. List of all Radio, safety and survival equipment** | | | | |
| **equipment** | **Part No.:** | **Serial No.:** | **Date of Maintenance Release** | **Next inspection due date:** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| **8. Required Attachments for Operation or C of A Renewal** | | | | |
| ☐ **Attach all scheduled maintenance records** since the last issue or renewal.  ☐ **Attach all unscheduled maintenance records** since the last issue or renewal (including defect rectification and troubleshooting reports).  ☐ **Attach all parts replacement records** since the last issue or renewal, including installation/removal details and related release certificates.  ☐ **Attach the latest occupant complaint report** since the last issue or renewal.  ☐ **Attach the post long-storage inspection report** (if applicable). | | | | |
| **9. Declaration** | | | | |
| I hereby declare that all the particulars provided in this form are true and correct in every respect. I undertake full responsibility for complying with the **Oman Civil Aviation Law** and **Civil Aviation Regulations**, and confirm that the information and approvals granted shall be used solely for the purposes approved.  Furthermore, I accept full responsibility for the **safe operation and continued airworthiness** of the balloon, and shall at all times comply with all applicable balloon requirements and safety standards.    **Date**  **Signature of the Operator Stamp** | | | | |
| **10. FOR CAA USE ONLY** | | | | |
| **Comment**  ……………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………….  **Date: Inspector's Name & Signature:** | | | | |

Use the updated form in : <https://www.caa.gov.om/en/services/flight-safety/airworthiness-1/airworthiness-forms>