

**Notification on fireworks performance  
in the area covering the airspace in the close vicinity of the airport or hospital helipad**  
*(only legibly completed form will be processed - CAPITAL LETTERS!)*

<b>Personal information of the Applicant (Organizer) (filled by the applicant)</b>		<b>POLISH AIR NAVIGATION SERVICES AGENCY</b>  <b>ASM Strategic Planning Department</b> The completed form shall be sent to: <b>asm1@pansa.pl</b>
Full name: .....		
Phone: .....	Fax: .....	
e-mail: .....		

**General information:**

<i>(filled by the applicant)</i>		<i>(information for NOTAM Office - filled by PANSA)</i>					
Event Address: .....		<b>A)</b>					
Event date: .....	Start time (local time): .....		<b>B)</b>				
End date: .....	End time (local time): .....	<b>C)</b>					
			<b>F)</b>	GND	<b>G)</b>	..... AMSL	<b>Q)</b>

**Geographical location (WGS-84)<sup>1</sup> (filled by the applicant)**

<b>E)</b>	Latitude (degrees, minutes, seconds)	°	'	" N
	Longitude (degrees, minutes, seconds)	°	'	" E

**Fireworks details (filled by the applicant)**

<b>E)</b>	Load lift height	Number and color of fireworks	Place elevation (above mean sea level)
	..... m above ground level	.....	.....m AMSL

**Event coordinator information (filled by the applicant)**

Event name:	.....		
Coordinator's name (if other than the organizer)	.....	<b>E)</b>	Phone: .....

**Additional information (filled by PANSA)**

<b>E)</b>	.....
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**Statement of the correctness and accuracy of the information provided<sup>2</sup>:**

**(Mandatory)** I confirm that I have been informed of the content of the information obligation under Article 13 of the GDPR available at [www.pansa.pl](http://www.pansa.pl) in the section on personal data protection. I understand that the purpose of processing my personal data is to coordinate activities that are dangerous to aviation with regard to the possibility of releasing lanterns and the provision of my personal data is mandatory - the consequence of not providing it will be the inability to resolve the application form.

<i>filled by the applicant</i> Full name	<i>(filled by PANSA)</i> Full name
signature, date	Stamp, signature, date

**Information for the applicant: (filled by PANSA)**

- APPROVAL for realization in regards to utilization of airspace.
- CONDITIONAL APPROVAL\* for realization regarding the airspace usage. TWR ..... service approval is required **15 minutes** before the launch of fireworks, phone.....
- CONDITIONAL APPROVAL\* for realization regarding the airspace usage. MIL TWR ..... service approval is required **30 minutes** before the launch of fireworks, phone .....
- CONDITIONAL APPROVAL – Event location is near the hospital helipad. If a rescue helicopter is spotted, the performance must be stopped. The show can be resumed after the helicopter departs.
- NO APPROVAL- due to air traffic safety, the realization of the event is not possible

\* In case of unfavorable conditions, approval for the event realization may not be granted

<sup>1</sup> World Geodetic System '84 – standard used in satellite navigation.

<sup>2</sup> The applicant is fully responsible for the authenticity of the information they put in the application form