

 BALLOON RELEASE APPLICATION FORM Ghana Civil Aviation Authority	
A. APPLICANT DETAILS	
1. Organization/ Applicant.	
2. Postal address	
3. Location Address	
4. Tel. Number(S)/ Mobile	
B. EVENT DETAILS	
1. Description of Event Location	
2. Geographical Coordinates	
3. Proposed Date of Event & Time of Balloon(s) Release	
4. Number of Balloons	
5. Average Size (Volume) of a pressurized Balloon	
6. Amount of Pressure to be Pumped into the Balloon	
7. Estimated Altitude (feet) a balloon will reach.	
8. Estimated period of endurance of released balloon(s) in the atmosphere	
9. Expected coverage area of Balloons (Please name major geographical Areas/suburbs to be covered by the event)	
10. Please provide any other details of the event.	

By completing this form, you agree to comply with all the recommendations to be given on the grant of approval without exceptions and understand that the Ghana Civil Aviation Authority cannot be held responsible for any personal injury, damage to property or financial losses that may occur as a result of event named above.

SIGNED:

DATE:

Mr/Mrs /Dr.....

Please return this form to:

The Director, Safety Regulation Department, Ghana Civil Aviation Authority. P.M.B. – KIA Accra