



Form No. FOD.F.315

Version No. 2

Issue Date: 20/06/2011

**APPLICATION FOR OPERATION OF TETHERED BALLOONS**

**APPLICATION FOR OPERATION OF TETHERED BALLOONS**

(Required under Sub-section 2 of ENR 5.5 of AIP Ireland for any balloon that exceeds 6 feet in any linear direction or a gas capacity of more than 115 cubic feet).

Please complete the form in BLOCK CAPITALS.

**SECTION ONE: APPLICANT DETAILS**

**1. Operator Details**

1 (a) Name of Business or Trading Name(s): .....

1 (b) Name of Individual (if applicable):

Title: ..... Surname: ..... Forename: .....

1 (c) Address:

.....

Postcode: ..... Country: .....

1 (d) Postal Address (if different from above):

.....

Postcode: ..... Country: .....

1 (e) Contact details

Phone No.: ..... Mobile No: .....

Fax No: ..... E-mail address: .....

**2. Owner Details:**

2 (a) Name of Business or Trading Name(s): .....

2 (b) Name of Individual (if applicable):

Title: ..... Surname: ..... Forename: .....

2 (c) Address:

.....

Postcode: ..... Country: .....

2 (d) Postal Address (if different from above):

.....

Postcode: ..... Country: .....

2 (e) Contact details

Phone No.: ..... Mobile No: .....

Fax No: ..... E-mail address: .....



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**3. Flight and Site Information:**

3 (a) Reason For Flight

Commercial:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3 (b) \*Location of Operation

Latitude/ Longitude co-ordinates/Grid references/Place names etc. (include Map).

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3 (c) \* Dates, Times And Duration Of Operation

Date:	
Time	
Duration:	

3 (d) \* landowners name and contact details :

Title: .....Surname: ..... Forename: .....

Address: .....

Postcode: ..... Country: .....

\*Postal address of site(s): .....

Postcode: ..... Country: .....

Site contact details: Phone No.: ..... Mobile No: .....

Fax No: .....E-mail address: .....

3 (e) \* has permission been obtained from the above named Land Owner? Yes  No

3 (f) Nearest aerodrome?: .....

3 (b) \* Any Garda Objections to Operation? Yes  No

3 (b) \*Name of Officer and Station : Name: ..... Station: .....

**4. Balloon Information:**

4 (a) \*Balloon Size/Capacity (inflated)\*\*:

Height:	
Length:	
Width:	

4 (b) Capacity?(Cubic Feet): .....



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4 (c) Colour of Balloon, including Fins and Markings (if any): .....

4 (c) \*Height Of Top Of Balloon Above Ground Level When Tethered? (FEET): .....

4 (d) Is there an auto deflation device fitted? Yes  No

**SECTION TWO: NOTES**

**1. Notes**

\* This symbol indicates the requested information is mandatory

Fees required, in advance, in accordance with the current Irish Aviation Authority (Fees) Order for grant of permissions for Balloons.

**2. Submissions and Enquiries**

Address for submissions:	Contact details for enquiries:
Irish Aviation Authority Flight Operations Department The Times Building 11 – 12 D'Olier Street Dublin 2	Ph: 00 353 1 6718655 Fax: 00 353 1 6774460 Email: <a href="mailto:fod@iaa.ie">fod@iaa.ie</a>

**Note:** Applications for operator of tethered balloons must be accompanied by the appropriate fee. See the current Irish Aviation Authority fees order on the [IAA Website](#).

**SECTION THREE: Declaration**

Signature: .....Name: .....

Date: .....Job Title: .....

Please note that a **minimum** of 30 working days will normally be required to check and confirm the information given above - if data is missing or omitted the process may take **considerably** longer.