# HELICOPTER REGISTRATION FORM

# Helikopteru reģistrācijas forma

Registration for using the Helicopter during *Rally Liepāja*:

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| --- | --- |
| Entrant: |  |
| The aim of using Helicopter: |  |

Date and time of using the Helicopter:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   | . |   |   | . | 2 | 0 | 2 | 1 |  | From: |   |   | : |   |   |  | Till: |   |   | : |   |   |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   | . |   |   | . | 2 | 0 | 2 | 1 |  | From: |   |   | : |   |   |  | Till: |   |   | : |   |   |

Information about the Helicopter:

|  |  |
| --- | --- |
| Type and make: |  |
| Country identity and registration sign: |  |

Information about the pilot of the Helicopter:

|  |  |
| --- | --- |
| Name, Surname: |  |
| ID code: |  |
| Phone No.: |  |
| The appropriate Qualification certificate for the pilot: |  |
| Period of validity of the certificate: |  |
| 3rd person insurance policy No.: |  |
| Period of validity of the insurance policy: | From DD/MM/YYYY Till DD/MM/YYYY |

The Pilot of the Helicopter must follow the current rules of Republic of Latvia regulating the air traffic. Rules of Latvian Rally Regulations that refer to the service and crew personnel action during the rally also have to be followed. Helicopters are allowed to land during the rally in places which are previously coordinated with the Organiser. Helicopters are not allowed to land in places which are nearer than 100 m from any marshal points in the rally route.

By submitting this application to the Organiser of the *Rally Liepāja* hereby confirm that information provided in this application is true.

I hereby pledge to follow and obey all current laws and regulations of Republic of Latvia regarding the safe air traffic and aircrafts.

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date |  | Signature |  | Name, Surname |