



CONTROLLED EVENT - APPLICATION FOR APPROVAL

Please complete this form and submit it to the local Principal Officer at the nearest SAMSA office for approval.

You may enlarge each of the tables below to accommodate the amount of detail you wish to submit.

1	Organisation responsible for the controlled event	
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2	Detail of events for which controlled event approval is requested		
	Date	Location	Event

3	Details of regulations which will be relaxed if any

4	Details of safety arrangements

5	Statement of responsibility
The event organiser has applied their minds to the safety requirements and consider the above to be reasonable for this event.	
Race Organiser/Organisation:	
Name & Surname of Responsible person:	
Signature:	
Contact Details:	
Email:	

6	Approved by SAMSA – Local Principal Officer
APPROVED/NOT APPROVED	
Name	
Signature	
Designation	
In case of an emergency please note the SAMSA duty phone number for this office is	
SAMSA office hours are from 08:00 to 16:00 LT, excluding Saturday, Sundays and Public Holidays.	
..... SAMSA OFFICIAL DATE STAMP	