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WBW/70/60/ORG

To WHSO

SQUADRON APPLICATION TO TRAIN IN LOCAL AREA

From: No () Squadron Date.....

DESCRIPTION OF THE TRAINING ACTIVITY TO BE UNDERTAKEN

(To include dates, nature of activity and any other relevant information)

12 MONTH BLOCK CLEARANCE REQUIRED YES / NO

Attached

1. Written permission of Landowner (If applicable)
2. Risk Assessment of Activity
3. Map Showing Safe Route To and from venue (If applicable)

Signature_____

Name in Capitals_____

Date_____ Officer Commanding _____ (_____) Sqn ATC





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