

APPLICATION FOR ESTABLISHMENT OR USE OF TEMPORARY HELIPORT

ITEM S. No	DATA DESCRIPTION	INFORMATION (Information to be filled by the Applicant/Operator)		
1.0	DETAILS OF APPLICANT/HELIPORT OPERATOR			
1.1	Full name of Applicant/Operator			
1.2	Address of Applicant/Operator			
1.3	Nationality of the Applicant/Operator			
1.4	Telephone and Email of Applicant/Operator	Email/Mobile:/.....		
1.5	Name and Details of the Focal Point Person	Name: Email/Mobile:/.....		
1.6	Name and Details of the Accountable Executive	Name: Email/Mobile:/.....		
2.0	APPROVAL/PERMISSIONS/NO OBJECTION	Copy Attached		Reference of Attached documents here (Give Reasons if not attached)
		Yes	No	
2.1	Heliport Ownership or Heliport Lease Agreement or Heliport Operation Authorization	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Approval for the heliport site or permission of heliport operation from Principality/Ports Authority	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	No-Objection Certificate or Agreement Letter from SANS (Attach NOC/Agreements copy)	<input type="checkbox"/>	<input type="checkbox"/>	
3.0	DETAILS OF TEMPORARY HELIPORT	INFORMATION (Information to be filled by the Applicant/Operator)		
3.1	Heliport Name that will be used for establishment/Use			
3.2	Location of the proposed heliport site (Area/City/Ship)			
3.3	Probable Hours and Days of operations			
3.4	Reference Point Coordinates of Temporary heliport/Site	Latitude: ° ' " N; Longitude: ° ' " E.		
3.5	Type of Use (Mark X)	Public Heliport <input type="checkbox"/> General Aviation Heliport <input type="checkbox"/>		
3.6	Type of Heliport (Mark X)	Surface <input type="checkbox"/> Elevated <input type="checkbox"/> Helideck <input type="checkbox"/> Shipboard <input type="checkbox"/>		
3.7	Type of proposed operations (Mark X)	VFR <input type="checkbox"/> Night VFR <input type="checkbox"/> IFR <input type="checkbox"/> PinS Approach <input type="checkbox"/>		
4.0	DETAILS OF INTENDED OR CRITICAL DESIGN HELICOPTER	INFORMATION (Information to be filled by the Applicant/Operator)		
4.1	Helicopter Model/Make			
4.2	Maximum Length (D)			
4.3	Rotor Diameters (RD)			
4.4	Maximum Take-Off Mass (MTOM)			
4.5	Length and width of under carriage (UCL and UCW)			
4.6	Performance Class of Helicopter operations (PC-1/2/3)			
5.0	HELIPORT PHYSICAL CHARACTERISTICS AND VISUAL AIDS	INFORMATION (Information to be filled by the Applicant/Operator)		
5.1	Heliport FATO Orientation			
5.2	FATO (Dimensions/Slope/Surface)			
5.3	TLOF (Dimensions/Slope/Surface)			
5.4	Details of helicopter parking stands, if provided			
5.5	Details and description of Markings and Markers			
5.6	Details and description of Lighting, if provided			
5.7	Details and description of Wind Direction Indicator			
5.8	Type of Pavement Surface (Asphalt/PCC/Metal/Grass)			
6.0	HELIPORT OPERATION REQUIREMENTS (RESCUE AND FIRE FIGHTING SERVICES)	INFORMATION (To be filled/provided by the Applicant/Operator)		
6.1	Category of RFF (H0/H1/H2/H3/H4)			
6.2	Type and Capacity of Extinguisher agents			

6.3	Capacity of Water/Foam/Hydrant System			
6.4	Details of rescue equipment's			
6.5	Emergency Response Time			
6.6	Provisions of Security Arrangements/Program			
7.0	MANDATORY TECHNICAL SUBMISSIONS (Attach Report Copy)	Report Copy Attached		Provide Ref of Attached documents here (Give Reasons if not attached)
		Yes	No	
7.1	Risk Assessment Study	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Heliport Layout Plan with dimensions	<input type="checkbox"/>	<input type="checkbox"/>	

1. We hereby certify that the forgoing information is correct in every respect and no relevant information has been withheld.
2. We hereby testify that the heliport is suitable and safe in terms of physical and operational characteristics for the intended type of helicopter operations.
3. We hereby undertake the responsibility to conduct heliport operations as per the GACA Regulations.

(.....)

Signature of Heliport Operator/Accountable Executive

Name:

Date:
