

(This form is used for private aerodromes only)



**SIERRA LEONE CIVIL AVIATION AUTHORITY
APPLICATION FOR AN AERODROME OPERATING PERMIT**

Form No:
AC-AGA001B-02

1. PARTICULARS OF THE OWNER

(GIVE DETAILS AS REQUIRED TO BE SHOWN ON THE LICENCE)

NAME OF OWNER/OPERATOR	ADDRESS OF OWNER/OPERATOR
<input type="text"/>	<input type="text"/>

2. PARTICULARS OF THE AERODROME

NAME OF AERODROME	REGION	POSITION (MAGNETIC COORDINATE)	LONGITUDE	LATITUDE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LENGTH OF RWY	WIDTH OF RWY	OBSTRUCTIONS		
<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO If Yes, state: <input type="text"/> <input type="text"/>		

3. PARTICULARS OF AIRCRAFT

(PROPOSED AIRCRAFT THAT WILL BE OPERATING AT THE AERODROME)

TYPE	MODEL	MTOW OF LARGEST AIRCRAFT
(a) <input type="text"/>	(a) <input type="text"/>	
(b) <input type="text"/>	(b) <input type="text"/>	
(c) <input type="text"/>	(c) <input type="text"/>	
(d) <input type="text"/>	(d) <input type="text"/>	
(e) <input type="text"/>	(e) <input type="text"/>	

4. TYPE OF AERODROME ACTIVITIES

- MEDIVAC DAY NIGHT STOLPORT
- TRAINING AERIAL WORK IFR VFR PRIVATE OTHERS (please specify):

5. PARTICULARS OF APPLICANT

(IF DIFFERENT FROM OWNER)

Name :

Address :

Telephone :

E-mail :

6. APPROVALS FROM OTHER RELEVANT STATE ENTITIES

(GIVE DETAILS OF THE APPROVALS OBTAINED AS INDICATED BELOW. MENTION DETAILS OF OBJECTION RAISED, IF ANY)

NAME OF ENTITY	APPROVAL REFERENCE
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
(d) _____	(d) _____
(e) _____	(e) _____

7. Are there safe guarding measures taken with local planning authorities to control new construction in the vicinity of the aerodrome which may cause an obstacle? YES NO

8. Attach any other information you would consider relevant to this application. Enclosure:

9. APPLICANT'S DECLARATION

I hereby declare that the foregoing information is correct in every respect and to the best of my knowledge:

<i>(APPLICANT'S NAME)</i>	<i>(SIGNATURE)</i>	<i>(DATE)</i>

10. SLCAA's USE ONLY

Application approved: YES NO If "NO", state reason(s):

11. AERODROME INSPECTOR PROCESSING APPLICATION

<i>(INSPECTOR'S NAME)</i>	<i>(SIGNATURE)</i>	<i>(DATE)</i>

12. CHECKED BY MANAGER, ASSD		
ACCEPTABLE <input type="radio"/> NOT ACCEPTABLE <input type="radio"/> If "Not Acceptable", state reason(s):		
<i>(MANAGER'S NAME)</i>	<i>(SIGNATURE & STAMP)</i>	<i>(DATE)</i>

Information:

- Two copies of the aerodrome manual, prepared in accordance with the SLCAR Part 14C and commensurate with the aircraft activities expected at the aerodrome, are required as part of the application.
- A quote will be provided for the cost of processing this application. The Authority will take no action to assess this application until payment is received.
- This application must be accompanied with a map extract showing the exact Aerodrome Boundary by means of a red line.
- You should apply separately to the relevant National Telecommunication Authority for frequency allocation.
- Documentary evidence in support of all matters in this application may be requested.
- The application should be submitted to:
**Office of the Director General,
 Sierra Leone Civil Aviation Authority,
 4th Floor, National Development Bank Building,
 21/23 Siaka Stevens Street,
 Freetown,
 Sierra Leone.**