



SIERRA LEONE CIVIL AVIATION AUTHORITY
SELF-REPORTING FORM FOR PRIVATE AERODROMES

Form No:
AC-AGA046Rev00

S/N	INFORMATION PARTICULARS	DECLARATION/DETAILS	COMMENTS
1.	LOCATION		
(a)	Name of Aerodrome	<input type="text"/>	<input type="text"/>
(b)	Location (District etc.)	<input type="text"/>	<input type="text"/>
(c)	WGS 84 Coordinates	<input type="text"/>	<input type="text"/>
(d)	Aerodrome Reference Point	<input type="text"/>	<input type="text"/>
2.	OPERATOR's or OWNER's DETAILS		
(a)	Name of Operator/Owner	<input type="text"/>	<input type="text"/>
(b)	Address of Operator/Owner	<input type="text"/>	<input type="text"/>
(c)	Telephone, Mobile and/or Email	<input type="text"/>	<input type="text"/>
(d)	Proof of land ownership	<input type="text"/>	<input type="text"/>
3.	AERODROME PHYSICAL CHARACTERISTICS		
(a)	Runway Orientation	<input type="text"/>	<input type="text"/>
(b)	Runway Length (m)	<input type="text"/>	<input type="text"/>
(c)	Runway Widths (m)	<input type="text"/>	<input type="text"/>
(d)	Runway Surface Type	<input type="text"/>	<input type="text"/>
(e)	Runway Slope (%)	<input type="text"/>	<input type="text"/>
(f)	Runway Elevation (feet AMSL)	<input type="text"/>	<input type="text"/>
(g)	Reference Temperature	<input type="text"/>	<input type="text"/>
(h)	Apron Surface Type (if any)	<input type="text"/>	<input type="text"/>
(i)	Approximate runway surface strength (PCN)	<input type="text"/>	<input type="text"/>
(j)	Runway surface testing	<input type="text"/>	<input type="text"/>

(k)	Prominent Obstructions		
(l)	Location and size of aprons (sq. m.) if available		
(m)	Location and widths of Taxiways		
(n)	Surface Types of Taxiways		
4.	VISUAL AIDS		
(a)	Windsock Position		
(b)	Markers/Makings		
(c)	Any other visual aids available		
5.	RISK ANALYSIS		
(a)	Recommendations on aircraft weight/types		
(b)	Landing Direction Recommendation		
(c)	Take off Direction Recommendations		
(d)	Obstruction mitigations		
(e)	Wildlife hazard control measures, if any		
(f)	If not fenced, human and vehicle control measures		
6.	OTHER SERVICES AVAILABLE		
(a)	Arrangement for Rescue and Firefighting if any		
(b)	Access roads		
(c)	Communication facilities if any		
(d)	Contact person (Name, address, email, telephone number)		

7.	ADDITIONAL INFORMATION		
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Name of Applicant:

Signature:

Date:

Official Stamp:

(where applicable)