



HELIPORT APPLICATION FORM

1. Applicant Details

Full Name:		
Address:		
Position:		
Tele:	Fax :	E-mail:

2. Helipad Site Details

Helipad Name:
Property Description:
Geographical Coordinates of the HRP:
Bearing and Distance from Nearest City:

3. Is the Applicant the Owner of the Helipad Site?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, provide:	
a) Details of Rights held in Relation to the Site; and	
b) Name and address of the owner of the site and written evidence to show that permission has been Obtained for the site to be used by the applicant as an aerodrome.	

4. Indicate the Largest Type of Aircraft Expected to use the Helipad.

Helicopter Category:

5. Heliport Operation?

Public <input type="checkbox"/>	Private <input type="checkbox"/>
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6. Details to be shown on the helipad Certificate

Helipad Name:
Helipad Operator:



On behalf of the helipad Operator shown above I hereby apply for a certificate to operate the helipad.

Name & Title	Signature:
	Date:

For Official Use:

Application reviewed and

Accepted:

Rejected:

Certified Issued No.: _____ For: _____

DGCA/ASD Inspector:	Signature:
	Date:
Head of the Division:	Signature:
	Date:

Required Documents:

1. Two copies of the helipad Manual, prepared in accordance with the KCASR14 II.
2. Commensurate with the Helicopter activities expected at the helipad, are required as part of the application.
2. Ordinance Survey Map Scale 1:25000, showing by means of a broken line the exact boundaries of the helipad
3. Documentary evidence in support of all matters in this application may be requested.
4. Required fees refer to KCASR Part 27.

Submission:

Send your completed application form together with the required supporting documentation to:

**Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17 Safat- P. Code 1300,
The State of Kuwait.**

Aerodrome Certification & Security Division, Tel: (965) 24743940 Etn: 3462, Fax: (965) 24765796, Email: acs@dga.gov.kw