

APPLICATION FOR AIRPORT LICENSE/REGISTRATION

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

- Please complete this application to establish your proposed airport with the Maryland Aviation Administration as required by the Code of Maryland Regulations. Type or print legibly. Complete all items. Indicate non-applicable items with an N/A. Use additional sheets if more space is needed. Be sure to reference the item number.
- Assistance in completing this application may be obtained by calling the Maryland Aviation Administration at (410) 859-7064.
- Please send the completed form to the Office of Regional Aviation Assistance, Maryland Aviation Administration, P.O. Box 8766, BWI Airport, MD 21240-0766.

Application is hereby made for an Airport License/Registration as required by Section 11.03.04.06 of the Code of Maryland Regulations.

- (a) Official Name of Airport: _____
- (b) Airport Use: Public Private
- (c) Has a [Notice of Landing Area Proposal](#) (FAA form 7480-1) been filed with the Federal Aviation Administration Eastern Region? (Y/N) _____ Date submitted: _____
- (d) Has final airspace determination been received from the FAA? (Y/N) _____
- (e) Has local government zoning approval to operate an airport on this property been obtained? (Y/N) _____ Date approval granted: _____

LOCATION

- (a) Latitude: ___° ___' ___" N Longitude: ___° ___' ___" W
- (b) Airport elevation (MSL): _____ feet
- (c) Airport acreage: _____ acres
- (d) Distance and direction *from* nearest city or town:
_____ miles from _____
- (e) Airport address: _____
City: _____ State: _____ ZIP: _____
County: _____ Telephone (____) _____

MANAGEMENT

- (a) Property Owner: _____
Address: _____ City: _____
State: _____ ZIP: _____ Telephone: (____) _____
Federal Identification Number: ____- ____- _____

- (b) Applicant: _____
Address: _____ City: _____
State: _____ ZIP: _____ Telephone: (____) _____

- (c) Airport Manager: _____
Address: _____
City: _____ State: _____ ZIP: _____
Office telephone: (____) _____ Emergency phone: (____) _____
Fax machine on airport? (Y/N) _____ Fax number: (____) _____

OPERATION

- (a) Is airport open year-round? (Y/N) _____ If not, when is it closed? _____

- (b) Airport attended ____ days per week. Days: _____

- (c) Hours attended: _____ to _____ (e.g. Dawn to dusk, 0700-2200L, etc.)

- (d) Nearest Fire/Rescue Service:
Name of service: _____
Location: _____
Hours attended: _____ Telephone: (____) _____

FACILITIES

- (a) Terminal building or pilot/crew shelter (Y/N) _____
- (b) First Aid kit (Y/N) _____
- (c) Snack bar (Y/N) _____ Restaurant (Y/N) _____
If food not available, distance to nearest restaurant _____
- (d) Public-use telephone (Y/N) _____
- (e) Emergency telephone (other than public phone) (Y/N) _____
- (f) Overnight lodging facilities on airport (Y/N) _____
If none, distance to nearest hotel/motel _____
- (g) Automobile parking area (Y/N) _____ Lighted (Y/N) _____
- (h) Ground transportation available on airport (Y/N) _____ :
Taxi Rental car Courtesy car Bus Other

AIRPORT/NAVIGATION AIDS

- (a) Control tower (Y/N) _____ Frequency: _____
- (b) Rotating beacon (Y/N) _____
- (c) Windcone (Y/N) _____ Lighted? (Y/N) _____
- (d) Tetrahedron (Y/N) _____ Lighted? (Y/N) _____
- (e) Segmented circle (if traffic pattern other than std. left) (Y/N) _____
- (f) Instrument Landing System (Y/N) _____ Frequency: _____
- (g) VOR (Y/N) _____ Frequency: _____
- (h) Non-Directional Beacon (Y/N) _____ Frequency: _____
- (i) UNICOM (Y/N) _____ Frequency: _____
- (j) AWOS (Y/N) _____ Frequency: _____
- (k) Other _____

AIRFIELD DATA

1. RUNWAYS (list all)	<u>PRIMARY</u>	<u>SECONDARY</u>	<u>OTHER</u>
(a) Numerical designation	___/___	___/___	___/___
(b) Length	_____	_____	_____
(c) Width	_____	_____	_____
(d) Surface (asphalt/turf/etc.)	_____	_____	_____
(e) Centerline marking (Y/N)	_____	_____	_____
(f) Numerals (Y/N)	_____	_____	_____
(g) Runway markers/reflectors (Y/N)	_____	_____	_____
(h) Runway lights (Y/N)	_____	_____	_____
Hours operated	_____	_____	_____
Pilot controlled? (Y/N)	_____	_____	_____
Frequency:	_____	_____	_____
Approach Lighting System (Y/N)	_____	_____	_____
Frequency:	_____	_____	_____
2. LANDING AIDS	<u>PRIMARY</u>	<u>SECONDARY</u>	<u>OTHER</u>
(a) VASI	___/___	___/___	___/___
(b) PAPI	___/___	___/___	___/___
(c) PLASI	___/___	___/___	___/___
(d) REILs	___/___	___/___	___/___
(e) Other _____	___/___	___/___	___/___
3. TAXIWAYS			
(a) Taxiway designation	_____		
(b) Surface (asphalt/turf/etc.)	_____		
(c) Centerline marking (Y/N)	_____		
(d) Hold line markings (Y/N)	_____		
(e) Taxiway lights (Y/N)	_____		
(f) Edge reflectors (Y/N)	_____		
(g) Taxi guide signs (Y/N)	_____		
(h) Distance between taxiway and runway centerlines: _____			

AIRCRAFT/AVIATION SERVICES

- (a) Fixed Base Operator 1: _____
 Address: _____ City: _____
 State: _____ ZIP: _____ Telephone (____) _____

- (b) Fixed Base Operator 2 _____
 Address: _____ City: _____
 State: _____ ZIP: _____ Telephone (____) _____

- (c) Aircraft fuel:

	<u>80 Oct.</u>	<u>100LL</u>	<u>Jet-A</u>
(1) No. of fuel trucks	_____	_____	_____
(2) No. of aboveground tanks	_____	_____	_____
(3) No. of underground tanks	_____	_____	_____
(4) Fire extinguisher at fueling site (Y/N)	_____		
(5) Grounding clamps (Y/N)	_____		
(6) "No Smoking" signs (Y/N)	_____		

- (d) Aircraft maintenance and repairs:
 - (1) Avionics: (Y/N) _____
 - (2) Airframe: (Y/N) _____ Major: _____ Minor: _____
 - (3) Engine: (Y/N) _____ Major: _____ Minor: _____

- (e) Aircraft parking:
 - (1) T-Hangars (Y/N) _____ number: _____
 - (2) Community hangar(s) (Y/N) _____ number: _____
 - (3) Paved tiedowns (Y/N) _____ number: _____
 - (4) Turf tiedowns (Y/N) _____ number: _____

- (f) Aviation/commercial services:
 - (1) Aircraft rental (Y/N) _____
 - (2) Aircraft charter service (Y/N) _____

- (3) Flight instruction (Y/N) _____
- (4) Cropdusting (Y/N) _____
- (5) Oxygen (Y/N) _____
- (6) Air carrier service (Y/N) _____
 Carriers: _____
- (7) Other aviation services: _____

BASED AIRCRAFT

- (a) Single-engine: _____ Helicopters: _____
 Multi-engine: _____ Ultralights: _____
 Jet: _____ Sailplanes: _____
 Total Based Aircraft: _____
- (b) Average yearly operations:
 Local traffic: _____ Carrier: _____
 Itinerant: _____ Commuter: _____
Total G.A. ops: _____ Air Taxi: _____
 Military: _____
Total yearly operations: _____

CERTIFICATION
 The undersigned applicant hereby states, as part of this application, that he has advised the MAA of the condition of the airport being registered and further, in consideration hereof, indemnifies and holds the State of Maryland and the MAA harmless from any injuries or damage to himself or 3rd person resulting from or caused, in whole or in part, by the condition or operation of the airport.

I hereby certify that the information provided above is true and correct to the best of my knowledge.

 Signature of Applicant Title Date

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OFFICE USE ONLY

Date of Receipt _____ Fee Included _____

Date Inspected _____ Results _____

Comments _____

