



**NEW JERSEY DEPARTMENT OF TRANSPORTATION
BUREAU OF AERONAUTICS**

1035 Parkway Avenue, PO Box 600
Trenton, NJ 08625-0600

http://www.nj.gov/transportation/airwater/aviation
Phone: (609) 963-2100 - Fax: (609) 530-5270

APPLICATION FOR TEMPORARY AERONAUTICAL FACILITY LICENSE

\$10.00	<input type="checkbox"/>	AIRPORT	\$20.00	<input type="checkbox"/>	PARACHUTE DROP ZONE
\$10.00	<input type="checkbox"/>	BALLOONSPOT	\$10.00	<input type="checkbox"/>	SEAPLANE BASE
\$10.00	<input type="checkbox"/>	AIRSHIP BASE	\$10.00	<input type="checkbox"/>	HELISTOP

State Temporary License #

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ HOME / CELL PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

APPLICANT REPRESENTATIVE INFORMATION

(Person responsible for the conduct of the operation)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL ADDRESS: _____

FAX: _____ OTHER: _____

LOCATION (Please fill in all fields)

FACILITY / LOCATION NAME: _____ PURPOSE: _____

ADDRESS: _____ Latitude: _____ N
Longitude: _____ W

CITY: _____ NJ ZIP: _____

TOWNSHIP BOROUGH COUNTY: _____
Name: _____

DATE(S) TO BE USED: _____ ALTERNATE DATE(S): _____

LANDING TIME & DURATION: _____ LANDING TIME & DURATION: _____

PLEASE SUBMIT APPLICATION TEN (10) BUSINESS DAYS PRIOR TO DATE OF USE.

1. Has the facility been used previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", by whom and when?
2. What provisions will be made to safeguard the public (spectators)? (Be specific)
3. If night operation, describe landing/takeoff area lighting.

AIRCRAFT SPECIFICATIONS

MAKE	MODEL	FAA REGISTRATION NUMBER

PILOT INFORMATION

NAME	LICENSE NUMBER	RATING

THE FOLLOWING "APPROPRIATE" ATTACHMENTS MUST BE SUBMITTED TO COMPLETE THE APPLICATION PROCESS:

ATTACHMENTS	CHECK <input checked="" type="checkbox"/>
A letter, statement, or certificate from the appropriate governing body which states there is no objection to the issuance of a temporary license. Governing body approval must be signed by one of the following: mayor, township administrator, business administrator or chief-of-police. Governing body resolutions for specific events are acceptable.	<input type="checkbox"/>
A sketch or map that includes sufficient detail to demonstrate the proposed facility is capable of accepting the operation (e.g., http://www.topozone.com/viewmaps.asp or http://www.googleearth.com). Please add dimensions of the area to the sketch or map. Banner towing facilities: include a sketch of the designated drop and pickup area which shows the air traffic pattern for pickup and drop off of the banner.	<input type="checkbox"/>
Parachute drop zones for parachuting exhibitions , the sketch shall include at least a 200 foot by 200 foot clear target/touchdown area and all obstacles and terrain within 1000 feet of the center of the target/touchdown area.	<input type="checkbox"/>
Parachuting exhibitions & Banner Towing activities, submit required FAA Certificate of Waiver or Authorization.	<input type="checkbox"/>
Certification from landowner that the are(s) to be utilized are under the control of the applicant or are being used with their permission (copy of letter from owner attached).	<input type="checkbox"/>
Aircraft specifications (see list above) and performance data (when requested).	<input type="checkbox"/>
List of airmen and other persons (and their qualifications) intending to utilize the facility (above).	<input type="checkbox"/>
Copy of required FAA Notice of Landing Area Proposal (FAA Form 7480-1 - available at: http://www.faa.gov/), when required. <i>Required for all ultralight recreational facilities</i>	<input type="checkbox"/>
Sightseeing rides given by an airplane or helicopter (Non Part 135) , submit a copy of FAA Letter of Authorization (FAR 91.147). Note: Sightseeing rides for a charitable fund raiser or community event , a letter must be submitted to the FAA FSDO (FAR 91.146) explaining the event details and a copy included with this application.	<input type="checkbox"/>
Commercial Activities only , submit a copy of NJ Business Registration Certificate (http://www.state.nj.us/treasury/revenue/busregcert.shtml).	<input type="checkbox"/>
Application Fee (see top of page 1), payable to the NJDOT Bureau of Aeronautics. Mail completed application with a check, money order or cashier's check to: NJDOT BUREAU OF AERONAUTICS, 1035 PARKWAY AVE, PO BOX 600, TRENTON, NJ 08625 ATTN: LICENSING MANAGER	<input type="checkbox"/>

APPLICANT SIGNATURE

DATE

FOR USE BY THE BUREAU OF AERONAUTICS ONLY

Documents:	Municipal Authorization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Diagram/Sketch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Land Owner Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	FAA Waiver	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	FAA Form 7480-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	List of Pilots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Aircraft Specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Aircraft Performance Data	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appropriate Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Inspector Notes: _____				

RECOMMEND: **Approval**
 Disapproval

 Inspector's Signature

 Date

APPROVING OFFICIAL	
Signature	Date
Screened by NJ Department of Transportation Reason(s) for Disapproval	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>