

Lic. No. _____



Original { }
Renewal { }

334 Ella Grasso Turnpike
Suite 160
Windsor Locks, CT
06096

APPLICATION FOR AIRPORT/HELIPORT LICENSE

Name of Airport/Heliport _____

Town _____ County _____

Owner _____

Mailing Address of Owner _____

Telephone Number (including area code) _____

Social Security Number or Federal Employer Identification Number _____

Name of Manager _____

Mailing address of Manager _____

Type of Field (commercial or private) _____ Telephone No. _____

Attendance Schedule: Months _____ Days _____ Hours _____

Airport Lighting Schedule _____

Check below with an (X) the facilities, supplies and equipment available at the field. Complete any additional information required.

Air frame repair: Major _____ Minor _____ Power Plant Repair: _____

Based aircraft _____ Operations per year _____

Transient Storage Hangar _____ Transient Tiedowns _____

() Wind direction indicator - Type _____ Lighted _____

() Facilities for supplying aviation fuel - Octane _____

() Telephone - Location _____

() Drinking water - Location _____ () Sanitary public toilets - Location _____

() Approved fire extinguishers at: () fuel pumps () flight line () in hangars - type: _____

() Map posted showing airport traffic pattern - Right traffic _____ Left traffic _____

() Sufficient chocks with ropes () tiedown ropes

() Copies of Connecticut Laws and Regulations Governing Aeronautics

If this is a **seaplane base**, check below with an (X) the equipment available.

() Life preserver of the ring type with rope () Boat () dock or float

() Ramp or beaching facilities () heaving lines

I certify that the above statements and information are true and correct to the best of my knowledge and belief, and that the land in question is either owned by me or I have secured the necessary permission to use same. I certify that the licensed facility shall comply with all applicable federal, state and local laws and regulations during the licensing period.

Signature _____ Date _____

Title _____

