

APPLICATION FOR CERTIFICATION FOR AERODROME OPERATOR (Form. 1596)

نموذج طلب ترخيص مطار

INSTRUCTIONS:

- Please complete the form in **BLOCK CAPITALS** using only black ink. Form completed by hand will not be accepted.
- Read the **NOTES FOR APPLICANTS** before to start filling the form.

NOTES FOR APPLICANTS

Dear Applicant

This form should provide the GACA with the information it needs to give proper consideration to your application.

It is important that you answer all relevant questions as fully as possible. This will help to avoid delays in processing your application.

NOTE: This application must be accompanied by an Survey Map, size A4, (including the grid map) showing by means of a red line the exact boundary of proposed to-be-certified aerodrome. The aerodrome maps show the location of all runways, taxiways, ramps, parking areas, access roads and buildings. The runway and taxiway identifications are likewise shown.

GACA may grant a certificate only if it is satisfied that both the aerodrome and the applicant meet the safety related requirements for certificate issue. This will involve an inspection and assessment of the aerodrome. GACA also has to satisfy itself that the applicant is competent to provide a safe operating environment for aircraft.

The charge for the grant of an aerodrome certificate is as per the Implementing Regulation of Civil Aviation Tariff Act. Should the site not be certificated following inspection, this charge is not refundable.

If you have any difficulty completing the form please do not hesitate to contact

Email: ser-aerodrome@gaca.gov.sa

Yours sincerely

A. DETAILS OF CERTIFICATE HOLDER (as required to be shown on the Certificate)

1. The certificate holder must be a legal entity

Full name of Certificate Holder :		Address of Certificate Holder :		Telephone number (Work/Mobile) :	
Fax number :		Email:			

2. Airport Manager

Full name:		Telephone number (Work/ Home/ Mobile) :		Fax:	
Email :		Last SMS training session :			
Participated on the last emergency simulation exercise:				Yes	No

3. Aerodrome certificate Focal Point

Full name:		Telephone number (Work/ Home/ Mobile) :		Fax:	
Email :		Last SMS training session :			
Participated on the last emergency simulation exercise:				Yes	No

4. Airport Safety Manager (If different from above) – Updated CV should be enclosed.

Full name:		Telephone number (Work/ Home/ Mobile) :		Fax:	
Email :		Last SMS training session :			
Participated on the last emergency simulation exercise:				Yes	No

5. The person in charge of day-to-day operation of the aerodrome

Full name:		Telephone number (Work/ Home/ Mobile) :		Fax:	
Email :		Last SMS training session :			
Participated on the last emergency simulation exercise:				Yes	No

6. Person responsible for overseeing the day-to-day provision of Rescue & Fire Fighting Services (RFFS) – Updated CV should be enclosed

Full name:		Telephone number (Work/ Home/ Mobile) :		Fax:	
Email :		Last SMS training session :			
Participated on the last emergency simulation exercise:				Yes	No

B. DETAILS OF AERODROME (as required to be shown on the certificate)

- Proposed Name of Aerodrome:**
- Address of Aerodrome:**
- Telephone number:**
- Fax number:**
- Web site address:**
- Email address:**
- Position of proposed aerodrome** with reference to nearest location (in nautical miles):
- Latitude/Longitude** in World Geodetic System (WGS) WGS 84 of reference point:
- Grid reference in OSGB** of reference point:
- Last Emergency simulation** (date):
- Drawing showing exact boundary of the airport must be submitted.**

C. AERODROME ACTIVITIES AND CERTIFICATION SCOPE

- Period for which certificate is required, if less than 12 months (i.e. Seasonal Certificate):
From: To:
- Please give details of other proposed aviation activities not requiring the use of a certificated aerodrome (e.g. gliding, parachuting, microlights).
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- Classification of aircraft to be operated at the aerodrome (e.g. aeroplanes, helicopters, gyroplanes).
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- Type and maximum total weight authorized of the heaviest aircraft engaged on flights for the purpose of public transport of passengers and for the instruction in flying expected to use the aerodrome, including overall length and maximum fuselage width.
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- Based on the last 3 years, please provide a proportion of the activities each type of aircraft by day/night
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D. CONTROL OF THE AERODROME

- Are you the owner of the aerodrome site? Yes No
If NO – please state:
1.1. Details of the rights you hold over the site.
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1.2. The period, for which you hold these rights, including terminating date.
From: To:
- 1.3. The name and address of the owner or the tenant whose permission has been obtained for the site to be used as an aerodrome.
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- Does any public or private right of way exist on or near the proposed aerodrome? Yes No
If YES, would the use of the site as an aerodrome interfere with such rights? Yes No
If there is a risk of interference with such rights, has any agreement been made with the holder of the rights for the use of the site as an aerodrome (e.g. Letters of Agreement)? Yes No
If YES please give details of the agreement.
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- Do you have sole charge of aircraft movements at the aerodrome? Yes No
If NO please give details of the nature of aircraft movements outside your control, and the person controlling such movements, and any agreements made regarding coordination of movements, including letters of agreement with third parties (e.g. Letters of Agreement).
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E. PERMISSIONS AND APPROVALS

1. Before submitting this application, the authorities, as indicated below, should be consulted and, if appropriate, their approvals obtained. There may also be other bodies that applicants should inform, in their own interests. However, the application for planning permission and the request for the aerodrome certificate are not interdependent and are made separately. Please provide the list of the agency consulted.

1.1. Land Aerodromes, or Water Aerodromes in Inland Waters

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1.2. Water Aerodromes in Coastal Waters

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2. Are there any local planning conditions or other relevant approvals which may affect the use of the site as an aerodrome? Yes No
 If YES, please provide details.

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3. Has any authorities raised any objections to the proposed use of the site as an aerodrome? Yes No
 If YES – Please state the Authority concerned and the nature of any objections.

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4. Is a safeguarding map to be deposited with the Urban/Local Authority, to show the height above which new constructions in the vicinity of the aerodrome may interfere with its use? Yes No

F. REGULATION OF CIVIL AVIATION TARIFF ACT

Please refer to the Implementing Regulation of Civil Aviation Tariff Act (Aerodrome Certification).
 Indicate the number of movements by category you expect to take place at the aerodrome during the twelve month period starting on 1 January.
NOTE: The figure required is determined by the president.

G. AERODROME MANUAL

Is a **completed Aerodrome Manual** enclosed with this application? Yes No

If NO - please indicate below when this is likely to be submitted to the GACA.

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NOTE: An aerodrome certificate will not be granted until an Aerodrome Manual has been received and accepted by the GACA. The Aerodrome Manual should be submitted in electronic format to ser-aerodrome@gaca.gov.sa at least 20 weeks before the requested target date.

H. SMS

Is a **completed SMS** enclosed with this application? Yes No

If NO - please indicate below when this is likely to be submitted to the GACA.

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NOTE: An aerodrome certificate will not be granted until SMS has been received and accepted by the GACA. The SMS should be submitted in electronic format to ser-aerodrome@gaca.gov.sa at least 20 weeks before the requested target date.

Further Comments

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I hereby certify that the foregoing information is correct in every respect and no relevant information has been withheld.
I undertake to pay the GACA's charges in respect of this application and agree to abide by the terms and conditions of holding an aerodrome certificate as outlined in GACAR Part 139.

NOTE: It is a violation to make any false representation with intent to deceive, for the purpose of procuring the grant, issue, renewal or variation of an aerodrome certificate.

Signature of Applicant:
(or Accountable Manager)
Date:
Name:
(Block Capitals)
Position held: