

Revision: 2

AERODROME AND GROUND AIDS

Document No. TCAA/FRM/SR/AGA-07B

Title: Application Form for Aerodrome Licence

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| Purpose of application Tick applicable | | olicable |
|--|---|----------|
| | New aerodrome | |
| | Initial licence | |
| | License Renewal | |
| 1. Particulars of the Applicant | | |
| | | |
| Full Name: | | |
| Address: | | |
| , adiose. | | |
| | | |
| | | |
| B 410 1 | | |
| Postal Code: | | |
| Designation: | | |
| + | | |
| Telephone numbers: | | |
| Fax:E-mail | | |
| | | |
| 2. Particulars of the Aerodrome Site | | |
| Proposed Aerodrome Name: | | |
| 1 Toposed Aerodiome Name. | | |
| Village:Ward: | | |
| | | |
| District:Region: | | |
| | | |
| Bearing and Distance from Nearest Town or Populous Area: | | |
| Elevation (in meter): | | |
| Lievation (in meter). | | |
| Geographical Coordinates of the Aerodrome Reference Point (ARP) (in degrees, | | |
| minutes and seconds and in WGS-84 format): | , | |
| | | |
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| Latitude: Longitude: |
|--|
| Does any public or private right of way exist on or near the proposed aerodrome? Yes/No |
| If so would the use of the site as an aerodrome interfere with such rights? Yes/No |
| If there is a risk of interference with private rights, please give details of any agreement made with the holder of the rights for the use of the site as an aerodrome |
| |
| |
| |
| 3. Is the applicant the owner of the Aerodrome Site |
| |
| Yes / No |
| Yes / No If Yes, provide Land Title Deed No. |
| |
| If Yes, provide Land Title Deed No. |
| If Yes, provide Land Title Deed No. If No, provide: (a) Details of rights held in relation to the site including the period for which you hold |
| If Yes, provide Land Title Deed No. If No, provide: (a) Details of rights held in relation to the site including the period for which you hold these rights; and (b) Name and address of the owner of the site and written evidence that permission has |
| If Yes, provide Land Title Deed No. If No, provide: (a) Details of rights held in relation to the site including the period for which you hold these rights; and (b) Name and address of the owner of the site and written evidence that permission has |
| If Yes, provide Land Title Deed No. If No, provide: (a) Details of rights held in relation to the site including the period for which you hold these rights; and (b) Name and address of the owner of the site and written evidence that permission has |



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| | | |
| | | |
| | | |
| | | |
| 4. Indicate the Largest Typ | e of Aircraft Expected to Use the Aero | drome |
| | | |
| | | |
| What is the expected average | ge number of movements per calendar m | onth of largest |
| | est calendar moths of the year (one move | • |
| _ | | |
| lander of one landing) | | |
| | | |
| | | |
| | | |
| 5. Is the aerodrome to be t | used for regular public transport opera | tions? |
| ☐ Yes | ☐ No | |
| | | |
| 6. Is an Aerodrome Manua | I enclosed with this application? | |
| ☐Yes | □No | |
| | this is likely to be submitted. (Note: A | n Aorodromo |
| • | ed until an aerodrome Manual has beer | |
| accepted) | a until an aerourome manuarnas beer | i approveu / |
| • • | | |
| | | |
| | | |
| | | |
| 7. Indicate the type of open | rations and traffic expected at this Aer | odrome. |
| ☐ Day light VFR Operations | s Night | |
| ☐ VFR/IFR GER | | |
| | ☐ Domestic | |
| ☐ International | ☐ Domestic and Inte | rnational |
| | | IIIaliUIIai |
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Note: VFR - Visual Flight Rule

IFR - Instrument Flight Rule

8. Aerodrome Data

| Aerodrome reference point in geographical coordinates to the nearest second: | | |
|--|--|--|
| | | |
| Aerodrome elevation to the nearest foot above mean sea level: | | |
| Aerodrome reference temperature: | | |
| Each runway | | |
| Designators: | | |
| True bearing: | | |
| Length (meters): | | |
| Width (meters): | | |
| Slope: | | |
| Surface: | | |
| Bearing strength: | | |
| Strip (grass area surrounding the landing area): | | |
| Length (metres): | | |
| Width (metres): | | |
| Each taxiway: | | |
| Width (metres): | | |
| Surface: | | |
| Apron: | | |

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| Surface: | | |
|--|----------------------------|--|
| Number of parking position: | | |
| Stopways (where provided) | | |
| Length (meters): | | |
| Ground profile: | | |
| Clearways (where provided): | | |
| Length (metres): | | |
| Ground profile: | | |
| Obstacles: | | |
| significant obstacles on, in the vicinity and on the approaches of | of the aerodrome: | |
| | | |
| Location (distance in metres and bearing from the aerodrome reference point: | | |
| | | |
| Top elevation (nearest to the next higher foot): | | |
| Visual aids: | | |
| ground marking of runways (Runway edge, centerline threshold taxiway, apron etc) | d, threshold designation, | |
| Rescue and firefighting: | | |
| the level of protection provided at the aerodrome for aircraft respurpose with type and amount of extinguishing agents, equipm | 0 0 | |
| | | |
| 9. Aerodrome Facilities | | |
| Windsock: | | |
| Signal square: | | |
| | | |
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| Radio communication: |
|---|
| Terminal building: |
| Hangars/workshops: |
| Night flying facilities: |
| Radio navigation aids: |
| Fuel and oil for aircraft: |
| Medical facilities (first aid and location of nearest hospital) |
| Personnel to record aircraft movements at the aerodrome and to undertake maintenance of the aerodrome |
| Reporting methods to appropriate authority on emergencies or airport unserviceability |
| Provision of Air Traffic Services |
| |
| 10. AIRSPACE ORGANIZATION |
| The nearest aerodrome in the vicinity: |
| Name: |
| Bearing: |
| Distance (nautical miles): |

11. PERMISSIONS AND APPROVALS

Before submitting this application, the authorities, as indicated below, should be consulted and, if appropriate, their approvals obtained. Please give details.

District /Regional Land Planning Authority,

Tanzania Port Authority (in case of water aerodrome),

District and Regional Government of the area of aerodrome location and national Environment Management Council. (Attach Documentary evidence).

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| Name and address of Authority | Date and reference of approval |
|---|--|
| | |
| | |
| | |
| | |
| | |
| Have any of the authorities mentioned abo of the site as an aerodrome? YES/NO | ove raised any objection to the proposed use |
| If the answer is YES please state the author | ority concerned |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 12. Details to be shown on the Aerod | rome Licence: |
| Aerodrome Name: | |
| , (6.0 %) | |
| Aerodrome Operator: | |
| • | |
| Address: | |
| | |
| | |
| | |
| 13. Declaration | |
| I hereby apply for a Licence to operate | aerodrome an |
| | rect in every respect and no relevant informatio |
| has been withheld. | , |
| | |
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| My authority to act on behalf of the applicant is: | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| Date Signature with company seal | | |
| Name of person making the declaration: | | |
| | | |

INFORMATION:

- i. Two copies of Aerodrome Manuals, prepared in accordance with the Civil Aviation (Aerodrome) Regulations commensurate with the aircraft activities expected at the aerodrome, are required as part of this application.
- ii. The Application should be submitted to:

The Director General, Tanzania Civil Aviation Authority, P. O Box 2819, Dar es Salaam

Email: tcaa@tcaa.go.tz

- iii. On submission of this application, a fee shall be quoted by the Authority for the cost of the licensing Process.
- iv. Documentary evidence in support of all matters in this application may be requested by the authority.
- v. Other documents required under the Civil Aviation (Aerodromes) Regulations shall be submitted together with this application.
- vi. The fees paid cannot be refunded in the event that an application lapses or is withdrawn.
- vii. Before an aerodrome licence is granted the Authority will require to be satisfied that the physical condition on the maneuvering area and in the environments of the aerodrome are acceptable, that the scale of equipment provided is adequate, and that the

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| TAN7ANIA | CIVII | AVIATION | AUTHORITY |
|----------|-------|----------|-----------|
| | | | |

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aerodrome is organized staffed and has maintenance and other arrangements sufficient to ensure the safe operation of the aerodrome and its facilities for the purposes for which the licence application has been made.

FOR TCAA USE ONLY

| Applicant's name: | . Date of application: | | |
|--|----------------------------|--|--|
| Department: Contact Name: | | | |
| File No: | | | |
| Date received. | | | |
| If payment is received by TCAA, attach a copy of receipt to this application form. | | | |
| The sum of Tshs | has been received by TCAA. | | |
| Date of payment: | | | |

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