
	TANZANIA CIVIL AVIATION AUTHORITY AERODROMES AND GROUND AIDS	Revision: 1
Document No. TCAA/FRM/SR/AGA-10	Title: Application for an Initial or Renewal of Heliport Licence	Page 1 of 3

Purpose of application	<i>Tick applicable</i>	
	Initial license	
	License Renewal	

1. PARTICULARS OF APPLICANT
a) Name/Title
b) Permanent Address
c) Telephone
d) Fax
e) Email
f) Physical address
g) Residential Address
h) Occupation
2. PARTICULARS OF HELIPORT/HELIPAD:
a) Proposed/name of the heliport and licence no if renewal
b) Village
c) Ward
d) District
e) Region
f) Position of aerodrome with reference to the nearest town
3. DETAILS OF LICENCE
a) Period for which licence is required, if less than 24 months:
b) Category of licence required: ordinary /public
c) Type and maximum total mass authorized of the heaviest helicopter engaged on flights for the purpose of the commercial transport of passengers and for instructions in flying expected to use the heliport/helipad:
d) Expected average number movements per calendar month of helicopter shown at (c) during the three busiest calendar months of the year (one movement is one take-off or one landing)
e) Is the heliport to be used for night flying?
f) Are you the owner of the heliport site? if yes attach copies of title deed.
If NOT please state, with supporting documentary evidence
i. Details of any rights you hold over the site
ii. The period for which you hold these rights
iii. The name and address of the owner or tenant whose permission has been obtained for the site to be used as a heliport
(g) (i) Does any public or private right of way exist on or near the proposed heliport?
(ii) If so would the use of the site as an heliport interfere with such rights?
(ii) 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 a heliport
(h) (i) Before submitting this application, the authorities, as indicated below, should be

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consulted and, if appropriate, their approvals obtained .Please give details.
District /Regional Land Planning Authority, Port and Harbour Authority (in case of water aerodrome), Ship name (in case of helideck), District and Regional Government of the area of heliport location and national Environment Management Council. (Attach Documentary evidence).

Name and address of Authority	Date and reference of approval
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Have any of the authorities mentioned above raised any objection to the proposed use of the site as heliport? if the answer is YES please state the authority concerned

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4. HELIPORT/HELIPAD PHYSICAL CHARACTERISTICS

Type: Surface-level heliport/Elevated Heliport/Helideck/Shipboard heliport *(tick the correct)*

Heliport reference point in geographical coordinates (in WGS-84):

Heliport elevation to the nearest foot above mean sea level :

Heliport reference temperature in degrees Celsius:

Final Approach and Take off Area (FATO) m: _____

Helicopter clearways: _____

Touchdown and lift off area (TFLO) m: _____

Safety area available (m): _____

Ground taxiway and ground taxi-routes available: _____

Air taxiway and air taxi-routes available: _____

Obstacles: significant obstacles on, in the vicinity and on the approaches of the heliport.

Location (distance in metres and bearing from the heliport reference point:

Top elevation (nearest to the next higher foot):

Visual aids: (tick if available)

Heliport identification marking _____

Maximum allowable mass marking _____

Maximum allowable D-value marking _____

Final approach and take-off area marking or marking _____

Final approach and take-off area designation marking _____

Aiming point marking _____

Touchdown and lift-off area marking _____

Heliport name marking _____


Touchdown/positioning marking _____

Rescue and firefighting: the **level of protection** provided at the heliport for aircraft rescue and fire fighting purpose with type and amount of extinguishing agents, equipment and personnel:

5. HELIPORT/HELIPAD FACILITIES

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Windsock:
Signal square
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 heliport/helipad and to undertake maintenance of the heliport
Reporting methods to appropriate authority on emergencies or heliport unserviceability
Provision of Air Traffic Services
6. PARTICULARS ON NEAREST HELIPORT OR AERODROMES
The nearest aerodrome/heliport in the vicinity: Name: Bearing: Distance (nautical miles)

CERTIFICATE

I hereby certify that the foregoing information is correct in every respect, and no relevant information has been withheld.

Date Signature with company seal.....

INFORMATION

This application for heliport licence should be accompanied with the following

1. Wind distribution data at the heliport for the determination /approval of the approach path and escape route (obtainable from Tanzania meteorological agency).
2. An area map of scale 1:50 or 1:100 with the heliport area plotted.
3. Surveyed information of the heliport undertaken by a competent surveying organization.
4. Before a heliport licence is granted the Tanzania Civil Aviation Authority will require to be satisfied that the physical condition on the maneuvering area and in the environs of the heliport are acceptable ,that the scale of equipment provided is adequate ,and that the heliport is organized staffed and has maintenance and other arrangements sufficient to ensure the safe operation of the heliport an its facilities for the purposes for which the licence application has been made
5. Appropriate inspection and heliport licensing fees including TCAA inspectors visiting fees to cover transport per diem incidental and administrative expenses.

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