APPLICATION FOR TEMPORARY HELIPORT LICENSE



PLEASE	TYPE OR	PRINT II	N BLUE O	R BLACK	INK
SHADED	AREAS A	RE FOR	BUREAU	USE ONL	(

APPLICATION FEE: \$25

APPLICANT INFORMATION							
I, (We), hereby make application for license to operate a Heliport and affirm that I am (we are) the Owner(s) Lessee(s) of the property.				DAT	DATE		
NAME OF LICENSEE			POINT OF CONTACT (if different than Licensee)				
DAYTIME PHONE NUMBER	E NUMBER EMAIL		DAYTIME PHONE NUMBER	EM	AIL		
STREET ADDRESS/P.O. BOX			STREET ADDRESS/P.O. BOX				
СІТҮ	STATE	ZIP CODE	СІТҮ		STATE	ZIP CODE	

HELIPORT INFORMATION						
DATE(S) REQUESTED						
PHYSICAL ADDRESS OF HELIPORT (Street/RR/SR)						
TOWNSHIP		COUNTY				
LATITUDE (DegMinSec.)	LONGITUDE (DegMinSec.)		ALTITUDE ABOVE SEA LEVEL (Ft.)			

HELIPORT DIMENSIONS – LANDING AREA (FATO)							
DIAMETER*	LENGTH	WIDTH	TYPE SURFACE	APPROACH / DEPARTURE HEADINGS			
				1 /	2 /		
				1 /	2 /		
HELIPAD DIMENSIONS	(TLOF – IF AP	PLICABLE)					
DIAMETER*	LENGTH	WIDTH	TYPE SURFACE	DYNAMIC LOAD CAPACITY (Elevated/Rooftop Pads			
*Diameter only if circular							
Is heliport planned for operations at a Fair or event? YES NO If yes, list name of event:							
Briefly describe purpose of temporary heliport:							
Do you anticipate night operations?							

HELICOPTER INFORMATION					
МАКЕ	MODEL				

NAME OF LICENSEE

ADDITIONAL INFORMATION:

CERTIFICATION

I hereby certify that I am the owner, or authorized agent, of the above-named heliport, that the information contained in this application and any accompanying documents is true and correct.

Name (Print)

Signature

Title

Date (mm/dd/yyyy)

Complete and mail to: PennDOT Bureau of Aviation Attn: Licensing Coordinator P.O. Box 3457 Harrisburg, PA 17105-3457

FOR BUREAU OF AVIATION USE ONLY					
LICENSING COORDINATOR					
LICENSING FEE PAID \$	DATE RCVD	CHECK/MONEY ORDER	R#	LICENSE #	
AVN SPECIALIST REMARKS					
HELIPORT MEETS SIZE REQUIREME	INTS?				
HELIPORT AFFORDS CLEAR APPROACHES?					
HELIPORT MARKED APPROPRIATELY?					
GROUND COORDINATION/SECURITY PROVIDED?					
EMERGENCY RESPONSE EQUIPMENT/MEASURES IN PLACE? YES NO					
REMARKS					
AVN SPECIALIST SIGNATURE			DATE		
AVN SPC SUPV CONCURRENCE		_ DATE			

APPLICATION FOR TEMPORARY HELIPORT (AV-2) INSTRUCTIONS

REFERENCES:

- A. Department of Transportation Aviation Regulations, Chapter 471, Title 67, PA Consolidated Statutes.
- B. FAA Advisory Circular 150/5390-2 (Heliport Design)
- C. Aviation Code, Act of October 10, 1984, P.L. 837, No. 164
- 1. Application packet must include the completed AV-2 Form and all attachments.
- 2. AV-2 Form complete all sections of the application:
 - a. Applicant Information (site owner and point of contact if applicable).
 - b. Heliport Information:
 - enter dates requested for temporary site
 - location of proposed site (physical address, latitude/longitude/elevation of site)
 - landing area dimensions
 - proposed approach departure routes
 - c. Make and Model of largest helicopter expected to use the site.
 - d. Indicate if the heliport is planned for operations at a Fair or event. If so, list name of event.
 - e. Certification (owner/authorized agent signature).
- 3. Attach a sketch plan or diagram of the landing area with a scale of 1"=200' (if a different scale is used, indicate scale on the drawing). Depict the heliport takeoff and landing area; annotate heliport dimensions, approach headings; location of lighting and markings; existing structures such as wires, buildings, trees/shrubs, roads or railroad tracks.
- 4. Attach the fee of \$25 paid to the Commonwealth of Pennsylvania (check, money order or bank draft).

APPLICATION FOR TEMPORTARY HELIPORT PROCEDURE

Upon receipt of the application for temporary heliport license the Bureau will review the packet for completeness and contact the applicant to schedule an on-site licensing inspection. Applications must be complete before scheduling the site inspection. When the heliport is found to meet licensing guidelines, the Bureau will issue a temporary license.