# **APPLICATION FOR TEMPORARY HELIPORT LICENSE**



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## **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.