

DEPARTMENT OF TRANSPORTATION - BUREAU OF AERONAUTICS  
PO Box 483, Concord New Hampshire 03302-0483

NEW AIRPORT REGISTRATION & SITE CERTIFICATE APPLICATION

**General Airport Information:**

NAME OF AIRPORT: \_\_\_\_\_ FAA IDENT (IF ANY): \_\_\_\_\_  
COUNTY: \_\_\_\_\_ TOWN OR MUNICIPALITY: \_\_\_\_\_  
AIRPORT PHYSICAL ADDRESS: \_\_\_\_\_  
AIRPORT MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT) \_\_\_\_\_  
LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_

PLEASE COMPLETE ALL AIRPORT INFORMATION THAT APPLIES.

<input type="checkbox"/> Land Airport	<input type="checkbox"/> State Airport	<input type="checkbox"/> Paved/Concrete Surface	<b>Current Airport Conditions</b> _____ _____ _____
<input type="checkbox"/> Ice Airport	<input type="checkbox"/> Municipal Airport	<input type="checkbox"/> Turf/Gravel Surface	
<input type="checkbox"/> Seaplane Base	<input type="checkbox"/> Private Commercial Airport	<input type="checkbox"/> Ice Surface	
<input type="checkbox"/> Heliport	<input type="checkbox"/> Private Non-Commercial Airport	<input type="checkbox"/> Water Surface	
<input type="checkbox"/> Other specialty types, please describe: _____			

LONGEST RUNWAY OR LANDING AREA: \_\_\_\_\_ (length) \_\_\_\_\_ (width)

**Airport Owner/Sponsor Information:**

NAME OF OWNER/SPONSOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS OF OWNER/SPONSOR: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
\_\_\_\_\_ E-MAIL: \_\_\_\_\_  
\_\_\_\_\_ WEB address: \_\_\_\_\_

**Airport Status:**

Open to Public-No Limitations  Prior Permission Required (PPR)

If Open to Public, please include a schedule of attended hours: \_\_\_\_\_

I, undersigned, being duly authorized to make application for, and to operate the airport described above, hereby apply for permission to operate the airport pursuant to the Aeronautical Laws of New Hampshire and the rules and regulations duly promulgated thereunder. I certify that the above statements are true.

\_\_\_\_\_  
Signature of Owner/Sponsor

↓ THIS INFORMATION REQUIRED FOR ALL OPEN TO THE PUBLIC AIRPORTS ↓

Airport Manager: _____	Telephone: _____
Mailing Address: _____	Fax number: _____
_____	Cell Phone: _____
_____	Website URL: _____
	E-MAIL: _____

Authorized Representative(s): \_\_\_\_\_

I hereby acknowledge acceptance of my appointment as Airport Manager and accept the responsibility of the duties of that position as prescribed by RSA 422:20.

\_\_\_\_\_  
Signature of Airport Manager \_\_\_\_\_ Date signed

**Note: If manager changes during the registration year, this form MUST be updated and re-submitted!**