STATE OF NEW HAMPSHIRE
BUREAU OF AERONAUTICS
P.O. BOX 483
CONCORD NEW HAMPSHIRE 03302-0483

NH Temporary Heliport Application

Instructions: Complete all applicable sections. Return to the Bureau of Aeronautics at the above address. Receipt of this completed application is required at least ten (10) work days prior to the scheduled event. Information may be faxed to the Bureau of Aeronautics (603-271-1689), but original signatures from property owner(s) and applicant are required to be on file prior to the event.

Event Information

Event Name: _____

Responsible Contact Name: _____

Responsible Contact Telephone: _____

Date/Time of Event: _____

Helicopter Operator Information

Company Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

NH Commercial Operator No.: _____

Helicopter and Pilot Information

Helicopter Make/Model: _____

Helicopter Registration No.: N _____

Helicopter Owner's Name: _____

Helicopter Owner's Address: _____

_____

NH Helicopter Registration No.: _____

Pilot's Name: _____

Pilot's Address: _____

_____

Pilot's FAA Certificate No.: _____

FAA License Type/Rating: _____
(e.g., commercial, instrument…)

Note: List information about additional helicopters and pilots being used for this event on the following sheet of paper.

Temporary Heliport Information

Location of Landing Area: _____

_____

_____
(use additional sheet of paper to provide sketch of site)

Radio Contact will be with: _____

Property Owner Approval
(required for application)

Property Owner's Name: _____
OR
Company/Municipal Official: _____

Certification: I, the undersigned, do hereby allow and approve utilization of this property as a temporary heliport for this event.

_____
(Signature of Property Owner/Company/Municipal Official)

_____
(Date)

Statement of Responsibility

I, the undersigned, certify that I am responsible for the activities of all pilots and all aircraft associated with this event, and further certify that the rules and regulations governing commercial flight activities as set forth by the NHDOT/Bureau of Aeronautics and the Federal Aviation Administration will be strictly observed and adhered to.

_____
(Signature of Applicant)

_____
(Date)

Additional Information About Helicopters and Pilots

Helicopter Make/Model: _____

Helicopter Registration No.: N_____

Helicopter Owner's Name: _____

Helicopter Owner's Address: _____

_____

NH Helicopter Registration No.: _____

Pilot's Name: _____

Pilot's Address: _____

_____

Pilot's FAA Certificate No.: _____

FAA License Type/Rating: _____
(e.g., commercial, instrument…)

Helicopter Make/Model: _____

Helicopter Registration No.: N_____

Helicopter Owner's Name: _____

Helicopter Owner's Address: _____

_____

NH Helicopter Registration No.: _____

Pilot's Name: _____

Pilot's Address: _____

_____

Pilot's FAA Certificate No.: _____

FAA License Type/Rating: _____
(e.g., commercial, instrument…)

VICINITY MAP

(Show north arrow.)

LOCATION MAP

(Show terrain and other features of the event site.
Also show the immediate area of the landing area.
Show north arrow.)