



**NH DEPARTMENT OF TRANSPORTATION - BUREAU OF AERONAUTICS**  
**PO BOX 483, CONCORD, NH 0330-0483**  
**(603) 271-2552 NHDOTAeronauticsDiv@dot.state.nh.us**

**AIRPORT REGISTRATION & SITE CERTIFICATE APPLICATION**

**Application Purpose:**  Construct/Establish New  Alter Existing  Change Use Status (Public/Private)

<b>General Airport Information:</b>	<b>DATE:</b>
Airport Name	Airport Identifier (If any)
Town/Municipality	County
Landing Area Physical Address, Town, State, Zip	
Mailing Address, Town, State, Zip (if different)	
Airport Manager	Phone Number
	Email Address
Airport Owner/Sponsor Name	Phone Number
	Email Address
Owner/Sponsor Mailing Address	Town/State/ZIP
<b>Airport Use</b> <input type="checkbox"/> Public - No Limitations on Airport Use <input type="checkbox"/> Private - Prior Permission Required for Airport Use	<b>Schedule of Attended Operations</b> (if public-use) <b>MON-FRI</b> _____ <b>SAT</b> _____ <b>SUN</b> _____

**Airport Type** (check all that apply)

<input type="checkbox"/> UAS/Drone	<input type="checkbox"/> Balloonport	<input type="checkbox"/> Municipal Airport
<input type="checkbox"/> Ice Airport	<input type="checkbox"/> Ultralight Flight Park	<input type="checkbox"/> State Airport
<input type="checkbox"/> Seaplane Base		<input type="checkbox"/> Private Commercial (per NH RSA 422:3)
<input type="checkbox"/> Heliport		<input type="checkbox"/> Private Non-Commercial
<input type="checkbox"/> Other/Specialty: _____		

<b>Landing Area Surface Type</b> (check all that apply)	<b>Runway/Landing Location</b>						
	<input type="checkbox"/> Asphalt/Concrete	<u>Length</u>	<u>Width</u>	<u>Runway End</u>	<u>Lat</u>	<u>Long</u>	<u>Elevation</u>
	<input type="checkbox"/> Turf						
	<input type="checkbox"/> Gravel						
	<input type="checkbox"/> Water/Ice						
	<input type="checkbox"/> Other			<u>Helipad</u>			

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.

**PLEASE ATTACH LOCAL AREA MAP & SITE DIAGRAM**

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

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

*\*If manager designation changes during registration year, this form MUST be updated and re-submitted.*