



**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
BUREAU OF AERONAUTICS**

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Trenton, NJ 08625-0600

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Form: <https://nj.gov/transportation/freight/aviation/documents/da1042.pdf>

**APPLICATION FOR AN AERONAUTICAL ACTIVITY LICENSE**

TYPE OF AIRCRAFT:	Airplane <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Parachute <input type="checkbox"/>	Balloon <input type="checkbox"/>
(Check all that apply)	Other <input type="checkbox"/>	(Specify)		
Fee: \$15.00 - Payable by check/money order/bank draft to: NJDOT Bureau of Aeronautics				

Date: \_\_\_\_\_  
(mm/dd/yyyy)

The undersigned hereby applies for an Aeronautical Activity License for a period of one (1) year commencing \_\_\_\_\_, as provided pursuant to the provisions of New Jersey Statutes Annotated (N.J.S.A.) Title 6, Aviation, as amended and supplemented, and the New Jersey Administrative Code (N.J.A.C.) 16:55.

The information contained herein, and such additional information as may be submitted by the applicant in connection with this application, is submitted in order the Commissioner of the New Jersey Department of Transportation may properly evaluate the applicant's ability to render the service to the public which is to be offered under the privileges of the License herein applied for.

It is understood that if any of the information contained in this application or any additional information which may be submitted in connection therewith is found to be false, such false statements shall constitute good and sufficient cause for the Commissioner to revoke any License issued in response to this application. The following items of information are numbered for the purpose of convenience in identifying them for discussion and consideration:

1. APPLICANT INFORMATION				
NAME OF APPLICANT	NAME OF BUSINESS		NJ TAX ID NO.	
BUSINESS ADDRESS LINE 1		BUSINESS ADDRESS LINE 2		
CITY	STATE	ZIP	MANAGER (if different from above)	
PHONE #		EMERGENCY PHONE #		
FAX #		E-MAIL ADDRESS		
HOME ADDRESS LINE 1		HOME ADDRESS LINE 2		
CITY	STATE	ZIP		
HOME PHONE #		OTHER		

<b>A. NEW JERSEY BASE OF OPERATION FOR ACTIVITY (Principal Business Office)</b>			
ADDRESSEE		ON AIRPORT: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		BASE PHONE #:	
		IF YES, AIRPORT NAME:	
ADDRESS LINE 1		ADDRESS LINE 2	
		EMERGENCY/CELL #	
CITY		STATE	ZIP
		NJ	
CONTACT PERSON		OTHER	
		E-MAIL	

<b>B. ACTIVITY AND AERONAUTICAL FACILITY INFORMATION (Please fill in all information)</b>			
ACTIVITY NAME (FOR LICENSE)		ACTIVITY CONTACT	
AUTHORIZED AIRPORT/FACILITY		ACTIVITY CONTACT PHONE #	
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	STATE	ZIP	TOWNSHIP / BOROUGH
LATITUDE		LONGITUDE	ELEVATION
N		W	

<b>C. ADDITIONAL AERONAUTICAL FACILITY</b>			
AUTHORIZED AIRPORT/FACILITY		ACTIVITY CONTACT	
		ACTIVITY CONTACT PHONE #	
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	STATE	ZIP	TOWNSHIP / BOROUGH
LATITUDE		LONGITUDE	ELEVATION

[Click Here to Add Another Location](#)

<b>2. CORPORATE INFORMATION:</b>	Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If a corporation, attach a list of the directors, addresses and affiliations.. Also file with application a certified copy of resolutions of directors authorizing the application. If an out-of-State corporation, attach appropriate State of New Jersey documentation. If an individual or group of individuals, attach name(s) and address(es) of all interested parties.</p>	

<b>3. AERONAUTICAL ACTIVITY:</b>	Aerial Application <input type="checkbox"/>	(must complete Appendix A)
	Aerial Advertising <input type="checkbox"/>	(must complete Appendix B)
	Sport Parachute Center <input type="checkbox"/>	(must complete Pilot and Aircraft Information)

**4. OPERATING SCHEDULE:**

If granted the License applied for, the operation will be open for business and records and equipment will be available for inspection by a duly authorized representative of the NJDOT, Bureau of Aeronautics during the following days and hours of the week:

Sunday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.
Monday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.
Tuesday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.
Wednesday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.
Thursday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.
Friday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.
Saturday	<input type="checkbox"/>	Hours:		a.m.	to		p.m.

Months of Use: Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Anticipated number of Annual Operations:

Remarks:

**5. Have you ever been licensed to operate in New Jersey?** Yes  No

If yes, when, where and why?

**6. Have you ever had a license for aeronautical operations suspended, revoked or denied in this or any other state?** Yes  No

If yes, when, where and why:

**APPENDIX A  
FOR AERIAL APPLICATION LICENSE ONLY**

1. Name of Applicant: \_\_\_\_\_

2. Name(s), Address(es), Rating and Certificate Number(s) of all certificate persons employed in this operation:

	Rating	Certificate Number
Name		
Address		
City, State, ZIP		

Add  
Another  
Person

3. List all aircraft used in this operation by make, model, FAA registration, name and address of registered owner:

	Make	Model	FAA Registration
Aircraft			
Owner Name			
Address			
City, State, ZIP			

Add  
Another  
Aircraft

4. Provide a copy of the following documents:

FAA Waiver

FAA Form 337

FAR Part 137 Certificate

Copy of NJ DEP Certification of Pesticide Application (N.J.A.C. 7:30-3)

**APPENDIX B**  
**FOR AERIAL ADVERTISING LICENSE**

1. Name of Applicant: \_\_\_\_\_

2. Name(s), Address(es), Rating and Certificate Number(s) of all certificated persons employed in this operation:

		Rating	Certificate Number	
Name				Add Another Person
Address				
City, State, ZIP				

3. How will each pilot be briefed and familiarized with the approved banner pick up and drop area(s) and pattern? (For banner towing operation only)

4. List all aircraft used in this operation by make, model FAA registration, name and address of registered owner:

	Make	Model	FAA Registration	
Aircraft				Add Another Aircraft
Owner Name				
Address				
City, State, ZIP				

5. Provide a copy of the following documents:

FAA Waiver

FAA Form 337

Sketch of Banner pick up/drop area per N.J.A.C. 16:55 with an original signature and date from the owner or manager of the associated airport(s)

**APPENDIX C**  
**FOR SPORT PARACHUTE CENTER ONLY**

<b>PILOT INFORMATION (For Sport Parachute Center Only)</b>		
NAME	LICENSE NUMBER	RATING
<b>AIRCRAFT INFORMATION</b>		
MAKE	MODEL	FAA REG. NO.

In performing the functions for which the license may be issued, the applicant agrees to abide by the laws of the State of New Jersey, and any and all rules for regulations of the Department of Transportation, Bureau of Aeronautics.

\_\_\_\_\_  
 Name: (Print Name)

\_\_\_\_\_  
 Signature

**FOR USE BY THE BUREAU OF AERONAUTICS ONLY**

Documents:	Airport Owner Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Municipal Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	FAA Waiver/Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	List of Pilots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Aircraft Specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Aircraft Performance Data	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Diagram / Sketch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Appendix A if Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appendix B if Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appendix C if Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appropriate Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Inspector	_____			
Notes:	_____			
	_____			
	_____			

**RECOMMEND:**    **Approval**      
                           **Disapproval**   

\_\_\_\_\_  
 Inspector's Signature

\_\_\_\_\_  
 Date (mm/dd/yyyy)

APPROVING OFFICIAL:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date mm/dd/yyyy)

Screened by NJ Department of Transportation  
 Reason(s) for Disapproval

Approved

Disapproved

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