



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

1035 Parkway Avenue, PO Box 600
Trenton, NJ 08625-0600

email: DOT-Aeronautical.Licenses@dot.nj.gov Phone: (609) 963-2100 Fax: (609) 530-5270 <https://nj.gov/transportation/freight/aviation/documents/da24.pdf>

APPLICATION FOR SPECIAL LANDING STRIP LICENSE

Date: _____
(mm/dd/yyyy)

The undersigned hereby applies for a permit to use a field owned by _____ of _____ at Latitude: _____ N, Longitude: _____ W at the following address location _____ for the period from _____ to _____, for the purpose of loading dust or spray for farm or crop dusting in said area and agrees to abide by all regulations issued as a condition for this permit (N.J.A.C. 16:55).

This license is issued contingent upon permission by the owner of the property concerned. Such authorization shall accompany this application.

Applicant's Name

Applicant's Signature

(Applicant's Address)

(Applicant's Licensed Facility Name and License #)

(Applicant's Phone Number)

E-Mail Address

NOTE:

Applicant shall provide the following attachments:

- 1) A permission letter from the Landowner.
- 2) A map or sketch with the dimensions of the landing area.
- 3) A google maps link to the location.