



**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/da5.pdf>

**APPLICATION FOR TEMPORARY AERONAUTICAL FACILITY LICENSE
Refer to N.J.A.C 16:54**

FEE \$10.00	AIRPORT	FEE \$20.00	PARACHUTE DROP ZONE
FEE \$10.00	BALLOONSPOT	FEE \$10.00	SEAPLANE BASE
FEE \$10.00	AIRSHIP BASE	FEE \$10.00	HELISTOP
	OTHER	FEE \$10.00	VERTIPOINT
APPLICANT INFORMATION (Will appear on the License)			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
BUSINESS PHONE:		MOBILE PHONE:	
E-MAIL ADDRESS:		FAX:	
APPLICANT REPRESENTATIVE INFORMATION (Person responsible for the conduct of the operation)			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		FAX:	
E-MAIL ADDRESS:		OTHER: (e.g., Mobile No., etc.)	
LOCATION (Please fill in all fields)			
FACILITY / LOCATION NAME:		PURPOSE:	
ADDRESS:		Latitude:	N
		Longitude:	W
CITY:	NJ	ZIP:	
TOWNSHIP	BOROUGH	COUNTY:	
Name: _____			
DATE(S) TO BE USED:		ALTERNATE DATE(S):	
LANDING TIME & DURATION:		LANDING TIME & DURATION:	

PLEASE SUBMIT APPLICATION TEN (10) BUSINESS DAYS PRIOR TO DATE OF USE.

1. Has the facility been used previously? Yes No If "Yes", by whom and when?
2. What provisions will be made to safeguard the public (spectators)? (Be specific)
3. If night operation, describe landing/takeoff area lighting.

AIRCRAFT SPECIFICATIONS (and performance data when requested)

MAKE	MODEL	FAA REGISTRATION NUMBER

LIST OF PILOTS intending to utilize the facility and their qualifications

NAME	LICENSE NUMBER	RATING

THE FOLLOING "APPROPRIATE" ATTACHMENTS MUST BE SUBMITTED TO COMPLETE THE APPLICATION PROCESS:

ATTACHMENTS CHECKLIST

CHECK

A statement or certificate from the appropriate governing body which states there is no objection to the issuance of a temporary license. Governing body approval must be signed by one of the following: Mayor, Township Administrator, Business Administrator, Chief of Police, or other official designee. Governing body resolutions for specific events are acceptable. It can be a letter or an email.	<input type="checkbox"/>
Letter from landowner (signed and dated) stating that the area(s) to be utilized are under the control of the applicant or are being used with their permission (copy of letter from owner attached).	<input type="checkbox"/>
A sketch or map that includes the dimensions of the area and sufficient detail to demonstrate the proposed facility is capable of accepting the operation (e.g., Free USGS Topographic Maps Online - Topo Zone or https://earth.google.com).	<input type="checkbox"/>
Provide Google map. See link for reference:	CHECK N/A
Banner towing facilities: include a sketch of the designated drop and pickup area which shows the air traffic pattern for pickup and drop off of the banner.	<input type="checkbox"/> <input type="checkbox"/>
Parachute drop zone for parachuting exhibition: the sketch shall include at least a 200 foot by 200 foot clear target/touchdown area and all obstacles and terrain within 1000 feet of the center of the target/touchdown area.	<input type="checkbox"/> <input type="checkbox"/>
Parachuting Exhibition & Banner Towing Activity: submit required FAA Certificate of Waiver or Authorization.	<input type="checkbox"/> <input type="checkbox"/>
Copy of required FAA Notice of Landing Area Proposal (FAA Form 7480-1 - available at: https://www.faa.gov when required. (Required for all ultralight recreational facilities)	<input type="checkbox"/> <input type="checkbox"/>
Sightseeing rides given by an airplane or helicopter (Non Part 135): submit a copy of FAA Letter of Authorization (FAR 91.147). Note: Sightseeing rides for a charitable fund raiser or community event, a letter must be submitted to the FAA FSDO (FAR 91.146) explaining the event details and a copy included with this application.	<input type="checkbox"/> <input type="checkbox"/>
Commercial Activities only: submit a copy of NJ Business Registration Certificate https://www.nj.gov/treasury/revenue/busregcert.shtml	<input type="checkbox"/> <input type="checkbox"/>
Application Fee (reference page 1), payable to: NJDOT Bureau of Aeronautics. Mail completed application with a check, money order or cashier's check to: NJDOT BUREAU OF AERONAUTICS, 1035 PARKWAY AVE, PO BOX 600, TRENTON, NJ 08625 ATTN: LICENSE MANAGER	<input type="checkbox"/>

APPLICANT SIGNATURE & PRINT NAME

DATE (mm/dd/yyyy)

FOR USE BY THE BUREAU OF AERONAUTICS ONLY

Documents:	Municipal Authorization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Landowner Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Diagram/Sketch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	FAA Waiver	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	FAA Form 7480-1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	List of Pilot(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Aircraft Specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Aircraft Performance Data	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appropriate Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Inspector Notes: _____

RECOMMEND: **Approval**
 Not Approved

 Inspector's Signature

 Date (mm/dd/yyyy)

APPROVING OFFICIAL

Signature _____ Date _____

Reviewed by NJ Department of Transportation **Approved** **Not Approved**
Reason(s) for Not Approved

