Wairoa District Council

APPLICATION FOR LANDING APPROVAL - WAIROA AERODROME

(One form for each aircraft)

1.0 Full Name and Address of Applicant

Name: .....

Postal Address: .....

City: .....

Phone: .....

Fax: .....

Contact Person: .....

(Mr/Mrs/Miss/Ms)

Designation: .....

2.0 Aircraft Details

Registration No: .....

Type of Aircraft:

Aeroplane	☐	Helicopter	☐
Microlight Clause 1	☐	Microlight Clause 2	☐
Glider	☐	Powered Glider	☐

Other (please state) .....

Manufacturer Model: .....

Owner Address: .....

.....

.....

M.C.T.O.W. .....

3.0 Aerodrome Use

Date/Time	Takeoff/ Landing	Origin/ Destination	Purpose	Pilot

I agree to abide by the terms/conditions as set by the Wairoa District Council for the use of the Wairoa Aerodrome and agree to pay the fees/charges as advised.

Signed: ..... Date: .....