

Wairoa District Council

APPLICATION FOR LANDING LICENCE - 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

Type of Aircraft:	Aeroplane	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>
	Microlight Clause 1	<input type="checkbox"/>	Microlight Clause 2	<input type="checkbox"/>
	Glider	<input type="checkbox"/>	Powered Glider	<input type="checkbox"/>
	Other (please state)		

Registration No:

Manufacturer Model:

Owner Address:

.....

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M.C.T.O.W.

3.0 Aerodrome Use

Expected Landing Numbers: Daylight

Night-time

Principal Use: Passengers

Freight

Private

Hobby

Other

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:

