

GHANA CIVIL AVIATION AUTHORITY



APPLICATION TO REGISTER AN AERODROME

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IMPORTANT: Please read the following carefully before completing the form.

Dear Applicant

It is important that you answer all relevant questions as fully as possible as this would help to avoid delays in processing your application.

Your response to these questions should aim to provide the GCAA with the information it needs to give proper consideration to your application.

The GCAA may approve your proposal only if it is satisfied that both the aerodrome and the applicant meet the safety related requirements for approval.

This form is also available electronically in MS-Word format and may be submitted in printed format.

If you have any difficulty completing the form please do not hesitate to contact us 021 776171 ext 1421/1359.

Yours faithfully

Aerodrome Safety and Standards Section

For items marked * please delete as applicable

1. Information about the Aerodrome

1.1	Name of (proposed) Aerodrome	
1.2	Full Name of Applicant	
1.3	Address of Applicant	
1.4	Tel	
	Fax	
	E-mail	
1.5	If applicant is not the owner of aerodrome please indicate details of owner(s)	
	Name	
	Address	
	Tel	
	Fax	
	E-mail	
1.6	City / Town / Region in which Aerodrome is located	
1.7	Coordinates and elevation for location at mid point of longest runway (WGS 84)	Latitude : Longitude : Aerodrome Elevation : feet
1.8	Largest type of Aircraft expected to use Aerodrome	
1.9	MTOW of Aircraft	Kg
1.10	Number of passenger seats	
1.11	Estimated number of movements per year	
1.12	Is aerodrome for public or private use?	Public / Private *
1.13	Normal circuit directions and heights (QFE) for each runway	
1.14	Hours of operation proposed	
1.15	Proposed Aerodrome charges (if any)	
1.16	Name and contact details for Aerodrome Reporting Officer(s)	

2. Aerodrome diagram/map

Please attach diagram of the aerodrome showing the following

		Check
2.1	The layout of runways and their designation (runway numbers)	
2.2	The layout of taxiways and aprons (where applicable)	
2.3	The location of the Aerodrome reference point (ARP)	
2.4	The location of all wind direction indicators	
2.5	The elevation of the aerodrome at the highest point of the landing area	
2.6	The magnetic bearing and distance to the nearest population centre and what that centre is	

3. Runways

Please complete the following table providing:

3.1	Length of runway(s) and
3.2	Latitude, longitude and elevation of thresholds of (proposed) runway(s) and ARP

RWY	Latitude	Longitude	Elevation (feet)	Length
ARP				

3.3	Aerodrome reference code	
	Surface type	
3.4	Runway width and slope	

Please complete the following table providing:

3.5	Declared distances
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RWY	LDA	TORA	ASDA	TODA

4. Aerodrome Lighting

Indicate types of lighting to be provided

4.1	Runway lighting	Yes / No *
4.2	Approach lighting	Yes / No *
	If yes, indicate type	
4.3	Pilot activated lighting	Yes / No *
	If yes, indicate frequency	
4.4	T-VASIS	Yes / No *
	PAPI	Yes / No *
	If yes, indicate type	
4.5	Aerodrome beacon	Yes / No *
4.6	Standby Power	Yes / No *
	Portable Lighting	Yes / No *
4.7	Any other lighting	Yes / No *
	If yes, please indicate	

5. Ground Services

5.1	Types of aviation fuel available (if any)	
5.2	Contact details for local weather information	
5.3	Emergency (fire/ambulance) facilities	
5.4	Proposed hangarage facilities	

6. Procedures / Precautions / Notices

6.1	Normal circuit height (QFE)	Feet
6.2	Please give detailed information about any special procedures / precautions that pilots need to observe or follow; and notices	
6.3	Provide information of presence of obstacles or other hazards (including animals and birds)	
6.4	Are there any restrictions on the use of taxiways or aprons	Yes / No / NA*
	If yes, please specify	
6.5	Please specify other activities at the aerodrome (eg sports, aviation activities)	
6.6	Air Traffic Services / Radio provision (ATC / FIS, etc)	

7. Any further comments or information in support of your application

7.1	<p style="text-align: right; margin-top: 100px;">(con-tinue on additional sheets of plain paper and attach to application if necessary)</p>
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I hereby certify that the foregoing information is correct in every respect and no relevant information has been withheld.

I undertake to pay the GCAA's charges in respect of this application.

NB: Upon receipt of this proposal the GCAA Inspector will assess the application and provide the applicant with a quotation for the Aerodrome Registration Processing Fee.

The application will only be processed upon payment of the registration processing fee.

Signature of Applicant Date
(or appointed representative)

Name (block capitals)
Position held

GCAA use only

Application Received	Date	
Quotation issued	Date	Amount
Processing Fee Paid	Date	
Inspection of Aerodrome	Date	
Remarks		
National Security Clearance request	Date	
National Security Clearance response	Date	
Remarks		
Approved / not approved / resubmission request *	Date	
Remarks		