

About this Application Form:

This form is approved by the Civil Aviation Authority of Malaysia (CAAM) for the issuance of specific approvals. The application form is made up of four (4) sections as follows:

- 1) Section A Details of the applicant
- 2) Section B Details of aerodrome site
- 3) Section C Details of aerodrome
- 4) Section D Applicants declaration

Guidelines for Completing this Application Form:

All applicants shall fill all sections of this application form. All information will be used to assess if the applicant is entitled to a Certificate of Aerodrome. An incomplete, poorly prepared or inaccurate application may:

- Result in rejection of the application
- Result in delays
- Result in a refusal to issue a certificate of aerodrome

Giving false or misleading information is an offence under Regulation 67(1)(c) of the Civil Aviation (Aerodrome Operations) Regulations 2016.

If the form is filled by hand, use block letters and either a black or blue ballpoint pen. Some questions contain check boxes or columns to be ticked, annotate with a 'X' where appropriate (e.g. columns where there is a YES/NO option). This information is used by the Aerodrome Standards Division when going through the application package.

Required Documentation Supporting this Application:

- 1) CAAM/ASD/AM/001 -
- 2) Aerodrome Manual
- 3) Aerodrome Emergency Plan (AEP)
- 4) Safety Management System Manual (SMS)
- 5) Aerodrome Wildlife Hazard Management Plan (AWHMP)
- 6) Aerodrome Disabled Aircraft Removal Plan (ADARP)
- 7) Proof of payment

Note. – All documents are to be prepared and made readily available to process this application in electronic format. CAAM may request for hard copies if required.



Section A – I	Details	of the ap	oplicant						
Applicant type:									
	New Certification			_ Certificate of Aerodrome No.:					
	Renewal			(if applicable)					
Variation									
Name of Aero Operator (refi on Aerodrom Certificate)	lected								
Phone					Fax				
Registered A	ddress				City				
:		State			Postcode				
Details of the	e perso	n that yo	ou wish CAAM	to c	contact in re	elation t	o this application		
Full Name									
Phone					Mobile				
Email									
Section B – I	Details	of the ae	erodrome site						
Name of Aerodrome (this will be reflected on the aerodrome certificate)									
State				Lot No.					
District				Plan No.					
Geographical Coordinates of ARP		Latitud	е						
		Longitu	ude						
Ground Eleva	ation Ae	rodrome	drome (Meters)						



Section C – Details o	of aerod	rome						
1. Aerodrome or	peration	S						
Is the aerodrome to be aircraft	e used b	y public tran	sport		YES		NO	
Aerodrome operational hours (Only if not 24 – hours operations, state op time and closing time)				24 – hours		YES		
					operations Opening time		NO	
				Closing time				
2. Type of aircra	ft to be	operated a	t the a	erodr	ome			
Aeroplane		Hel	icopter			Microlight		
Other <i>(Specify):</i>								
3. The heaviest	type of	aircraft in re	eferenc	ce to	the type	e of aircr	aft to be ope	rated
Aircraft type								
Maximum total weight	authoris	sed (kg)						
Expected Number of r heaviest aircraft type. <i>landing)</i>							Per Mo	onth
4. Obstacle cont	trol							
Approach S			lope			%	%	
Obstacle Limitation Su	urfaces	Take – off S	Slope			%		
Transitional			Slope	Slope		%		
Is there a controlled area gazetted, under Civil A				/iatior	tion Act YES		S	
1969 Section IV, for the aerodrome						NC)	
If YES, state	Gazette	d reference						
Date Gazetted								



 Local authorities' approval (Before submitting this application, the local authorities, must be consulted (where applicable) and their approval obtained 									
				YES	NO	N/A			
Local authorities for lan									
Certificate of Completic									
Fire and rescue service									
Environmental impact a									
6. Air Traffic Man	6. Air Traffic Management								
	YE	ES							
Is the aerodrome locate	N	NO							
If YES, state	Vertical Limits (feet)								
(in reference to ARP)	Lateral Limit								
Is the Air Traffic Contro Controllers be provided	YES		NO						
Aerodrome Flight Inforr	YES		NO						
ΝΟΤΑΜ	YES		NO						
In reference to the above who is responsible to provide the				AFIS					
services for AFIS and NOTAM									



Section D – Applicants Declaration

Declaration

1. I declare and undersign below that the statements, answers and attachments provided in this application form is true and correct to the best of my knowledge in accordance with Civil Aviation (Aerodrome Operations) Regulations 2016 and Civil Aviation Directives (CADs).

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- 2. I understand that processing the application may be delayed if:
 - The application does not accurately and completely identify my/our requirements; or
 - The details in this application are subsequently changed; or
 - Adequate supporting documentation has not been provided.
- 3. I understand and agree that for CAAM to proceed with this application, I must:
 - Accept the cost as per Civil Aviation (Fees and Charges) Regulations; and
 - Forward the prescribed payment; and
 - Forward all supporting documentation as required by the specific approval being applied for.
- 4. I understand that before certificate of aerodrome is granted, the Authority will require to be satisfied that the physical conditions on the manoeuvring area and its environs are acceptable, that the scale of equipment and services are adequate, and that the aerodrome is organised, staffed and other arrangements sufficient to ensure the safe operations of the aerodrome. The requirements are set out in detail in the respective Civil Aviation Directives, Civil Aviation (Aerodrome Operations) Regulations 2016 and any relevant publications issued by the Civil Aviation Authority of Malaysia (CAAM) in relation to this application.

Note. – CAAM may send materials/responses relating to this application by email or by mail.

Name of Signature Date



FOR CAAM USE ONLY							
Date of Initial application Received by administrator							
Fee payable							
Cash / Credit Card							
Receipt No.				Name & Sigr Pers	nature of sonnel	CA	AM
Subject		Responsib	ole Person	Date	Name &	Sig	gnature
Application Form and application package checke for completeness.	ed						
Approval process administratively completed (Billing, and issuance/exchange of Certificates).							
Approved (if no, state reaso below)	ons	YE	S		NO		
Final report (Attach extra sh							
Name of CAAM Director of Aerodrome Standards			Signature		Date		



CAAM Record and Filing								
File Reference No.:								
Filing Date:								
Database update date (if a	applicable):							
Compilation of ASD docun	nents	YES	□ NO					
Comment(s) <i>(if any)</i> :								
Administrative Officer Name/Stamp	Administrative O	fficer Signature		Date				
	File Reference No.: Filing Date: Database update date <i>(if a</i> Compilation of ASD docum Comment(s) <i>(if any)</i> : Administrative Officer	File Reference No.: Filing Date: Database update date (if applicable): Compilation of ASD documents Comment(s) (if any): Administrative Officer	File Reference No.: Filing Date: Database update date (if applicable): Database update date (if applicable): Compilation of ASD documents Comment(s) (if any): Administrative Officer Administrative Officer	File Reference No.: Filing Date: Database update date (if applicable): Compilation of ASD documents Comment(s) (if any): Administrative Officer Administrative Officer				