

CAAM/ANSA/COA/1

#### **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 Air Navigation Services and Aerodrome Division when going through the application package.

#### **Required Documentation Supporting this Application:**

- 1) CAAM/ANSA/AM/1
- 2) Aerodrome Manual / Heliport Operation 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.



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Section A - De	tails o	of the ap	plicant						
Applicant type:									
New Certification					Certificate of Aerodrome No.:				
Renewal (				(if	(if applicable)				
		Varia	ation						
Name of Aerodi Operator (reflect on Aerodrome Certificate)									
Phone					Fax				
Registered Add	ress				City				
		State			Postcode	'ostcode			
Details of the p	persoi	n that yo	ou wish CAAM 1	to (	contact in re	elation t	o this a	plication	on
Full Name									
Phone					Mobile				
Email									
Section B – De	tails o	of the ac	erodrome site						
Name of Aeroc (this will be refle on the aerodron certificate)	ected								
State				Lo	ot No.				
District				Pla	Plan No.				
Geographical Coordinate of ARP		Latitue	de						
		Longitude							
Ground Elevation Aerodrome (Meters)									



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Section C – Details o	of aeroc	Irome								
1. Aerodrome o	peratio	ns								
ls the aerodrome to be aircraft	nspor	t	`	YES		N	0			
Aerodrome operational hours					24 – h opera		ours	YE	ES	
							ions	N	0	
(Only if not 24 – hours operations, state openi time and closing time)				g	Openir		g time			
					Closing time					
2. Type of aircra	ıft to be	operated a	t the	aeroc	dron	1е				
Aeroplane		Hel	licopt	er			Microlight			
Other (Specify):	·					·				•
3. The heaviest	type of	aircraft in r	efere	nce to	o the	e type	of aircra	ft to k	oe ope	rated
Aircraft type										
Maximum total weight	authori	sed (kg)								
Expected Number of movements per calendar heaviest aircraft type. (one movement is one tallanding)								nth		
4. Obstacle con	trol									
		Approach S	Slope	)			%			
Obstacle Limitation Surface Take – off Slope Transitional Slop				ре			%			
				е	%			6		
Is there a controlled area gazetted, under Civil Aviation A					.ct	YES				
1969 Section IV, for the aerodrome							NO			
If YES, state	Gazette	ed reference								
	azetted									



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5. 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 la								
Certificate of Completion and Compliance								
Fire and rescue services department approval								
Environmental impact assessment								
6. Air Traffic Ma	nagement							
Is the aerodrome located within controlled airspace?								
If YES, state (in reference to ARP)	Vertical Limits (feet)							
	Lateral Limit							
Is the Air Traffic Control services with licensed Air Traffic Controllers be provided at the aerodrome?					NO			
Aerodrome Flight Info	YES		NO					
NOTAM	YES		NO					
In reference to the above who is responsible to provide the services for AFIS and NOTAM				AFIS				
				NOTAM				



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#### 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) Regulation; 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 organized, 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 Applicant	Signature	Date	