



## **General Guidance This application**

### **must be accompanied by:–**

- Extract from an Ordnance Survey map scale 1:25,000 showing by means of a broken line the exact boundaries of the proposed aerodrome or heliport, and its location with regard to local roads, towns and villages.
- An Aerodrome Manual in accordance with the requirements of the Seychelles Manual of Aerodrome Standards. Particular attention should be given to:

⊗ A description of the operational management of the aerodrome together with individually named responsibilities and

accountabilities; ⊗ A diagrammatic representation of the site, preferably to a scale of 1:10,000 showing:

- All runways or FATOs and aprons
- Their markings and designations
- Declared distances
- Significant obstacles (in feet agl)
- Location of aircraft parking spots and gates with clearances, dimensions and markings
- Location of fuelling facilities
- Location of RFF
- Location of air traffic control position

■ Location of windsock ⊗ Normal and emergency operating procedures ⊗ Rescue and fire fighting facilities and procedures

⊗ Fuelling procedures including fuel spill procedures ⊗ Weather minima for operations ⊗ Consideration for other airspace users,

with any necessary letters of agreement with ATC units or arrangements with local

microlight operators, hang-gliding, parachuting, gliding, private flying etc activities.

### **INFORMATION**

- The operation of a temporary licensed aerodrome must be by prior permission (PPR) only.
- The charge for the grant of a temporary aerodrome licence including inspection of the site by the CAA is as per the SCAA Scheme of Charges. Should the site not be licensed following inspection this charge is not refundable.



**APPLICATION FOR A TEMPORARY AERODROME LICENCE**

**IMPORTANT** – Please complete the form in block capitals using black or dark blue ink after reading the attached guidance.

<b>1. DETAILS OF LICENSEE (as required to be shown on the licence)</b>
<b>NOTE: The licence holder must be a legal person. If a group or club applying for a licence is not incorporated the name(s) of the person(s) who will hold the licence and be responsible for giving effect to the conditions of the licence should be stated.</b>
Full name of Licensee ..... Address of Licensee ..... ..... Telephone number ..... Fax number ..... E-mail address .....

<b>2. DETAILS OF AERODROME (as required to be shown on the licence)</b>
Proposed name of Aerodrome ..... Is it for use for Public Transport? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>IF NO - Please state purpose:</b>
..... ..... ..... Position of proposed aerodrome with reference to nearest town ..... Latitude/Longitude of reference point in WGS 84 ..... Grid reference in OSGB of reference point ..... Elevation .....

<b>3. DETAILS OF LICENCE</b>			
Dates and times (hours of operation) for which licence is required ..... .....			
Is a licence for night use required?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the aerodrome is <b>NOT</b> to be licensed for night use, is it intended to display aeronautical lights?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name and status of the person in on-site operational management of the aerodrome. .....			
Types of aircraft to be operated	AEROPLANES	HELICOPTERS	SEAPLANES
Largest aircraft type			
Total number of expected movements on the busiest day of the licence period			
Total number of aircraft expected to be within the circuit pattern on the busiest day of the licence period			

3. DETAILS OF LICENCE (continued)		
RFF Category to be provided	AEROPLANES	HELICOPTERS

**4. CONTROL OF THE AERODROME**

Are you the owner of the aerodrome site? YES  NO

If NO – Please state:

Details of the rights you hold over the site.  
 .....  
 .....  
 .....

FROM	TO

The period for which you hold these rights:

The name and address of the owner or the tenant whose permission has been obtained for the site to be used as an aerodrome.  
 .....  
 .....  
 .....

Does any public or private right of way exist on or near the proposed aerodrome? YES  NO   
 If YES, would the use of the site as an aerodrome interfere with such rights? YES  NO   
 If there is a risk of interference with such rights, has any agreement been made with the holder of the rights for the use of the site as an aerodrome? YES  NO   
 Have any arrangements been made to control the rights of way? (Give details below) YES  NO

.....  
 .....

**5. RESCUE AND FIRE FIGHTING SERVICES**

Name, status and contact details of the person responsible for provision of the rescue and fire fighting services where this differs from those details provided under paragraph 1. Name ..... Status  
 Telephone Number ..... E-mail Address .....

**6. PERMISSIONS AND APPROVALS**

**NOTE:** Before submitting this application, the authorities, as indicated below, should be consulted and, if appropriate, their approvals obtained. There may be other bodies (e.g. electrical supply re overhead wires) applicants should inform, in their own interests.

Please give details of Authorities consulted and approvals granted.

**Land Aerodromes, or Water Aerodromes in Inland Waters**

Local Planning Authority YES  NO  N/A   
 River Authority (Conservancy or Catchment Board) YES  NO  N/A



**10. PAYMENT METHOD**

The charge must be paid in advance by cheque, Telegraphic (Wire) Transfer failure to do so will delay your application. Cheques must be made payable to Seychelles Civil Aviation Authority. The charge for the grant of a temporary aerodrome licence including inspection of the site by the SCAA is as per the Air Navigation (Fees) (Amendment) Regulations (2004). S.I.21 OF 2004.

**11. CERTIFICATE**

I hereby certify that the foregoing information is correct in every respect and no relevant information has been withheld. I undertake to pay the SCAA's charges in respect of this application.

**NOTE: It is an offence to make any false representation with intent to deceive, for the purpose of procuring the grant, issue, renewal or variation of an aerodrome licence.**

Signature of Applicant .....  
(or Appointed Representative) Date .....

Name .....  
(Block Capitals) Position held .....

Send your completed application form together with the required support documentation:

The Seychelles Civil Aviation Authority, Aerodromes Safety & Standards, Safety Regulation, Po Box 181, Victoria, Mahe, Seychelles

Payment should be made to:

The Seychelles Civil Aviation Authority, Finance Section, PO Box 181, Victoria, Mahe, Seychelles.