



APPLICATION FOR TEMPORARY HELIPORT LICENSE

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK
SHADED AREAS ARE FOR BUREAU USE ONLY

APPLICATION FEE: \$25

| APPLICANT INFORMATION | | | | | |
|--|-------|----------|---|-------|----------|
| I, (We), hereby make application for license to operate a Heliport and affirm that I am (we are) the Owner(s) <input type="checkbox"/> Lessee(s) <input type="checkbox"/> of the property. | | | | | DATE |
| NAME OF LICENSEE | | | POINT OF CONTACT (if different than Licensee) | | |
| DAYTIME PHONE NUMBER | EMAIL | | DAYTIME PHONE NUMBER | EMAIL | |
| STREET ADDRESS/P.O. BOX | | | STREET ADDRESS/P.O. BOX | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

| HELIPORT INFORMATION | | |
|---|----------------------------|--------------------------------|
| DATE(S) REQUESTED | | |
| PHYSICAL ADDRESS OF HELIPORT (Street/RR/SR) | | |
| TOWNSHIP | COUNTY | |
| LATITUDE (Deg.-Min.-Sec.) | LONGITUDE (Deg.-Min.-Sec.) | ALTITUDE ABOVE SEA LEVEL (Ft.) |
| | | |

| HELIPORT DIMENSIONS – LANDING AREA (FATO) | | | | | |
|---|--------|-------|--------------|-------------------------------|-----|
| DIAMETER* | LENGTH | WIDTH | TYPE SURFACE | APPROACH / DEPARTURE HEADINGS | |
| | | | | 1 / | 2 / |
| | | | | 1 / | 2 / |

| HELIPAD DIMENSIONS (TLOF – IF APPLICABLE) | | | | |
|---|--------|-------|--------------|--|
| DIAMETER* | LENGTH | WIDTH | TYPE SURFACE | DYNAMIC LOAD CAPACITY (Elevated/Rooftop Pads Only) |
| | | | | |
| | | | | |

*Diameter only if circular

Is heliport planned for operations at a Fair or event? YES NO If yes, list name of event: _____

Briefly describe purpose of temporary heliport: _____

Do you anticipate night operations? YES NO If yes, describe lighting: _____

| HELICOPTER INFORMATION | |
|------------------------|-------|
| MAKE | MODEL |

| |
|------------------|
| NAME OF LICENSEE |
|------------------|

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|-------------------------|
| ADDITIONAL INFORMATION: |
|-------------------------|

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|----------------------|
| CERTIFICATION |
|----------------------|

I hereby certify that I am the owner, or authorized agent, of the above-named heliport, that the information contained in this application and any accompanying documents is true and correct.

| | |
|--------------|-------------------|
| Name (Print) | Signature |
| Title | Date (mm/dd/yyyy) |

| |
|---|
| Complete and mail to: PennDOT Bureau of Aviation Attn: Licensing Coordinator P.O. Box 3151 Harrisburg, PA 17105-3151 |
|---|

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|--|
| FOR BUREAU OF AVIATION USE ONLY |
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| |
|---|
| LICENSING COORDINATOR |
| LICENSING FEE PAID \$ _____ DATE RCVD _____ CHECK/MONEY ORDER # _____ LICENSE # _____ |

| |
|---|
| AVN SPECIALIST REMARKS |
| HELIPORT MEETS SIZE REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
| HELIPORT AFFORDS CLEAR APPROACHES? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
| HELIPORT MARKED APPROPRIATELY? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
| GROUND COORDINATION/SECURITY PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____ |
| EMERGENCY RESPONSE EQUIPMENT/MEASURES IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
| REMARKS _____ _____ |
| AVN SPECIALIST SIGNATURE _____ DATE _____ |
| AVN SPC SUPV CONCURRENCE _____ DATE _____ |

APPLICATION FOR TEMPORARY HELIPORT (AV-2) INSTRUCTIONS

REFERENCES:

- A. Department of Transportation Aviation Regulations, Chapter 471, Title 67, PA Consolidated Statutes.
- B. FAA Advisory Circular 150/5390-2 (Heliport Design)
- C. Aviation Code, Act of October 10, 1984, P.L. 837, No. 164

1. Application packet must include the completed AV-2 Form and all attachments.
2. AV-2 Form – complete all sections of the application:
 - a. Applicant Information (site owner and point of contact if applicable).
 - b. Heliport Information:
 - enter dates requested for temporary site
 - location of proposed site (physical address, latitude/longitude/elevation of site)
 - landing area dimensions
 - proposed approach departure routes
 - c. Make and Model of largest helicopter expected to use the site.
 - d. Indicate if the heliport is planned for operations at a Fair or event. If so, list name of event.
 - e. Certification (owner/authorized agent signature).
3. Attach a sketch plan or diagram of the landing area with a scale of 1"=200' (if a different scale is used, indicate scale on the drawing). Depict the heliport takeoff and landing area; annotate heliport dimensions, approach headings; location of lighting and markings; existing structures such as wires, buildings, trees/shrubs, roads or railroad tracks.
4. Attach the fee of \$25 paid to the Commonwealth of Pennsylvania (check, money order or bank draft).

APPLICATION FOR TEMPORARY HELIPORT PROCEDURE

Upon receipt of the application for temporary heliport license the Bureau will review the packet for completeness and contact the applicant to schedule an on-site licensing inspection. Applications must be complete before scheduling the site inspection. When the heliport is found to meet licensing guidelines, the Bureau will issue a temporary license.