



## **General Guidance**

Dear Applicant

It is important that you answer all relevant questions as fully as possible as this should help to avoid delays in processing your application. Your responses to these questions should provide the SCAA with the information it needs to give proper consideration to your application.

The CAA may grant a licence only if it is satisfied that both the aerodrome and the applicant meet the safety related requirements for licence issue. This will involve an inspection and assessment of the aerodrome against internationally and nationally agreed criteria appropriate to the nature and scale of operations proposed. The SCAA also has to satisfy itself that the applicant is competent to provide a safe operating environment for aircraft. Many of the questions on the application form seek information relevant to that end; for example:

- 1) Sections 1 and 2 will provide information about the applicant and the aerodrome; some of these details will be included on the aerodrome licence itself.
- 2) Section 3 will provide details of key personnel with safety related responsibilities.
- 3) Section 4 will provide details on the nature, scale, and type of operations proposed.
- 4) Section 5 will provide information on the services to be provided at the aerodrome to secure the safety of its airspace.
- 5) Sections 6 and 7 will provide information on the applicant's rights to use the site as an aerodrome, and to exercise control over the activities that will take place.
- 6) Section 8 will provide information on which the licence fee will be assessed.
- 7) Section 9 deals with the Aerodrome Manual which is viewed by the SCAA as a major indicator of the competency of the licensee to operate the aerodrome safely .

If you have any difficulty completing the form please do not hesitate to contact us on + 248 38 4181. Yours

sincerely

Head Aerodrome Safety  
Aerodrome Safety Section  
Seychelles Civil Aviation Authority



**APPLICATION FOR AN 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>	
<p><b>NOTES:</b> (1) The licence holder must be a legal person. If the Licensee is a group or club and is not incorporated, the name(s) of the person(s) who holds the licence and is/are responsible for giving effect to the conditions of the licence should be stated.</p> <p>(2) Where the applicant is an individual, his/her current Curriculum Vitae (CV) must be enclosed.</p>	
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 ..... Address of Aerodrome ..... ..... ..... Telephone number ..... Fax number ..... Web site address ..... E-mail address..... Position of proposed aerodrome with reference to nearest town ..... Latitude/Longitude in WGS 84 of reference point ..... Purposes for which aerodrome is to be used (e.g. Public Transport, flying training) ..... .....	
<p><b>NOTE:</b> This application must be accompanied by an Ordnance Survey Map, scale 1:25,000, showing by means of a broken line the exact boundaries of the proposed aerodrome. This map will be a Schedule attached to the licence.</p>	

<b>3. KEY MANAGEMENT PERSONNEL (please enter details when applicable)</b>	
<b>TO BE COMPLETED ONLY WHERE THE APPLICANT IS A COMPANY OR OTHER CORPORATE BODY</b>	
<b>Board Member or person having specific responsibility for safety:</b>	
Name ..... Telephone number ..... E-mail address .....	
<b>Managing Director (if different from above)</b>	
Name ..... Telephone number ..... E-mail address .....	

**3. KEY MANAGEMENT PERSONNEL (continued)**

**TO BE COMPLETED BY ALL APPLICANTS**

**The person in Charge of day to day operation of the aerodrome:** (Please enclose a current CV)

Name ..... Status .....  
Telephone number ..... E-mail address .....

**The person responsible for Aerodrome Safety** (if different from the person in charge above) (Please enclose a current CV)

Name ..... Status .....  
Telephone number ..... E-mail address .....

**The person responsible for overseeing the day to day provision of RFF:**

Name ..... Status .....  
Telephone number ..... E-mail address .....

**Provider of the Air Traffic Control Service (If applicable):**

Name .....  
Address .....  
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**The person responsible for overseeing the day to day provision of the Air Traffic Control Service(if applicable):**

Name ..... Status .....  
Telephone number ..... E-mail address .....

**4. AERODROME ACTIVITIES**

Do you require a licence for Public Use or Ordinary Use?	PUBLIC	ORDINARY
Is a licence for night use required?	YES	NO
If the aerodrome is <b>NOT</b> to be licensed for night use, is it intended to display aeronautical lights?	YES	NO

If the answer to either of the last two questions is **YES**, a Permission to display aeronautical lights will be required. Please provide details of proposed lighting.

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Please give details of other proposed aviation activities not requiring the use of a licensed aerodrome (for example gliding, parachuting, microlights).

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Classification of aircraft to be operated at the aerodrome (e.g. aeroplanes, helicopters, gyroplanes).

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4. AERODROME ACTIVITIES (continued)		
Type and maximum total weight authorised of the heaviest aircraft engaged on flights for the purpose of the public transport of passengers and for the instruction in flying expected to use the aerodrome, including overall length and maximum fuselage width.		
	PUBLIC TRANSPORT OF PASSENGERS	INSTRUCTION IN FLYING
TYPE		
WEIGHT (kgs)		
LENGTH		
FUSELAGE WIDTH		
Expected average number of movements per calendar month of aircraft shown above during the three busiest calendar months of the year. (One movement is one take-off or one landing.)		
	PUBLIC TRANSPORT OF PASSENGERS	INSTRUCTION IN FLYING
TYPE		
MOVEMENTS		
RFF Category to be provided.		
	AEROPLANES	HELICOPTERS

5. AERODROME SERVICES		
Which of the following will be provided:		
(a) Air Traffic Control Service with licensed air traffic controllers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Aerodrome Flight Information Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Air/Ground Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) Aerodrome Traffic Zone?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. CONTROL OF THE AERODROME	
Are you the owner of the aerodrome site?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>IF NO – Please state:</b>	
Details of the rights you hold over the site.	
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The period for which you hold these rights:	
FROM	TO

**6. CONTROL OF THE AERODROME (continued)**

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

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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

If YES please give details of the agreement.

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Do you have sole charge of aircraft movements at the aerodrome? YES  NO

If NO please give details of the nature of aircraft movements outside your control, and the person controlling such movements, and any agreements made regarding co-ordination of movements.

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**7. 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] whom 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

Port and Harbour Authority YES  NO  N/A

Ministry of Environment (Conservancy or Catchment Board) YES  NO  N/A

**Water Aerodromes in Coastal Waters**

Local Planning Authority YES  NO  N/A

Pilotage Authority YES  NO  N/A

Port and Harbour Authority YES  NO  N/A

NAME AND ADDRESS OF AUTHORITY	DATES AND REFERENCE OF APPROVAL





**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 .....

**12. SUBMISSION INSTRUCTIONS**

Send your completed application form together with the required supporting documentation to:  
**The Head Aerodrome Safety Section, Safety Regulation Division, SCAA, PO Box 181, Victoria, Mahe, Seychelles.**