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|  | FORM FORM- AC-AGA-004June, 2024 |

SELF- REPORTING FORM FOR CATEGORY “E” AERODROMES

|  |  |  |  |
| --- | --- | --- | --- |
| New Application  |   | Renewal  |   |

(tick as applicable)

| # | INFORMATION PARTICULARS | DECLARATION DETAILS BY THE AERODROME OPERATOR/OWNER | KCAA COMMENTS |
| --- | --- | --- | --- |
|  | LOCATION |  |  |
|  | Name of Aerodrome  |  |  |
|  | Location (County, Town etc.)  |  |  |
|  | Location (WGS-84 Coordinates)  |  |  |
|  | Aerodrome Reference Point Coordinates(WGS 84 Co- ordinates)  |  |  |
|  | OPERATOR’S DETAILS  |  |  |
|  | Name of Operator:  |  |  |
| Postal Address of the Operator:  |  |  |
| Telephone Number: |  |  |
| Email: |  |  |
| Mobile Number: |  |  |
|  | Name of Land Owner and Address of Land Owner  |  |  |
|  | AERODROME PHYSICAL CHARACTERISTICS  |  |  |
|  | Runway Orientation  |  |  |
|  | Runway Lengths (m)  |  |  |
|  | Runway Widths (m)  |  |  |
|  | Runway Surface Type  |  |  |
|  | Runway Slope (%)  |  |  |
|  | Runway Elevation (feet AMSL)  |  |  |
|  | Mean Temperature (degrees) Celsius  |  |  |
|  | Runway Obstructions  |  |  |
|  | Apron surface type  |  |  |
|  | Approximate runway surface Strength (PCN)  |  |  |
|  | Runway surface testing  |  |  |
|  | Prominent Obstructions  |  |  |
|  | Location and size of aprons (sq. m.)  |  |  |
|  | Location and Widths of Taxiways  |  |  |
|  | Surface Type of Taxiways  |  |  |
|  | VISUAL AIDS  |  |  |
|  | Windsock Position  |  |  |
|  | Markers  |  |  |
|  | Any other visual aids available  |  |  |
|  | RISK ANALYSIS  |  |  |
|  | Recommendations on aircraft weight/types  |  |  |
|  | Landing Direction Recommendations  |  |  |
|  | Take off Direction Recommendations  |  |  |
|  | Obstructions mitigations  |  |  |
|  | Wildlife hazard control measures, if any  |  |  |
|  | If not fenced, human and vehicle control measures  |  |  |
|  | OTHER SERVICES AVAILABLE  |  |  |
|  | Terminal buildings  |  |  |
|  | Toilets  |  |  |
|  | Distance to the Lodge / Operator house |  |  |
|  | Distance to Guard House  |  |  |
|  | Arrangements for Rescue and Firefighting if any  |  |  |
|  | Access roads  |  |  |
|  | Communication facilities if any  |  |  |
|  | Contact person (Name, address, e-mail, telephone number)  |  |  |
|  | ADDITIONAL INFORMATION (IF ANY |  |  |
|  |  |  |  |
|  |  |  |  |