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