

## APPLICATION FORM FOR WATER AERODROME CERTIFICATION OR AUTHORIZATION (GACAR PART 137)

### INSTRUCTIONS

- A. This form is to be filled in by the Applicant/Owner/Water Aerodrome Operator for the issuance of Water Aerodrome Certificate or Authorization as per provisions in GACAR Part 137.
- B. No part must be left blank. Write "Not Applicable", if the information to be filled does not pertain to the water aerodrome.
- C. For clarification contact the General Manager (Aerodrome Safety Department) of General Authority of Civil Aviation, Kingdom of Saudi Arabia.

### 1. PARTICULARS OF THE REQUIREMENTS OF WATER AERODROME

Please check mark (X) one of the box applicable to the requirement of Applicant/Water Aerodrome Operator

|                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Initial Certification | <input type="checkbox"/> Renewal Certification |
| <input type="checkbox"/> Initial Authorization | <input type="checkbox"/> Renewal Authorization |

### 2. PARTICULARS OF THE APPLICANT/WATER AERODROME OPERATOR

|                |  |        |  |
|----------------|--|--------|--|
| Full Name      |  |        |  |
| Position/Title |  |        |  |
| Address        |  |        |  |
| Phone          |  | Mobile |  |
| Email          |  | Fax    |  |

### 3. LOCATION DETAILS OF THE WATER AERODROME

|                                                                                 |   |   |     |
|---------------------------------------------------------------------------------|---|---|-----|
| Name of Water Aerodrome                                                         |   |   |     |
| Identification Code of Water Aerodrome                                          |   |   |     |
| Geographical Coordinates of the Water Aerodrome Reference Point (WGS-84 format) |   |   |     |
| Longitude                                                                       | ° | ' | " N |
| Latitude                                                                        | ° | ' | " E |

### 4. IS THE APPLICANT/WATER AERODROME OPERATOR THE OWNER OF WATER AERODROME?

Please check mark (X) one of the applicable boxes

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If No, Provide;

Details of Rights Held/Lease Deed in Relation to the Water Aerodrome (Attach copy of the agreement/Lease); and

|                                                      |  |
|------------------------------------------------------|--|
| Name and address of the Owner of the Water Aerodrome |  |
|------------------------------------------------------|--|

### 5. TECHNICAL DETAILS OF THE WATER AERODROME

Please fill in all required information

|                                                                 |                                        |                                    |  |
|-----------------------------------------------------------------|----------------------------------------|------------------------------------|--|
| Water Aerodrome Reference Code                                  |                                        |                                    |  |
| Largest type of seaplane expected to operate at Water Aerodrome |                                        |                                    |  |
| Operating Hours                                                 |                                        |                                    |  |
| Nos and Orientation of Water Runways                            | (i)                                    | (ii)                               |  |
| Category of Water Aerodrome RFF                                 |                                        |                                    |  |
| Type of Runway. Please tick mark (✓) one applicable             |                                        |                                    |  |
| <input type="checkbox"/> Non-Instrument                         | <input type="checkbox"/> Non-Precision | <input type="checkbox"/> Precision |  |

## APPLICATION FORM FOR WATER AERODROME CERTIFICATION OR AUTHORIZATION (GACAR PART 137)

### 6. CLASSIFICATION OF WATER AERODROME (Reference GACAR Part 137.105)

Please tick mark (✓) one of the boxes

|                                                                           |                                                           |                                                          |
|---------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Civil/Public Water Aerodrome                     | <input type="checkbox"/> General Aviation Water Aerodrome |                                                          |
| If General Aviation Water Aerodrome, please tick mark (✓) one applicable: |                                                           |                                                          |
| <input type="checkbox"/> Private Water Aerodrome                          | <input type="checkbox"/> Flight Training Water Aerodrome  | <input type="checkbox"/> General Purpose Water Aerodrome |

### 7. DETAILS TO BE SHOWN ON THE WATER AERODROME CERTIFICATE

|                                  |  |
|----------------------------------|--|
| Name of Water Aerodrome          |  |
| Name of Water Aerodrome Operator |  |
| Water Aerodrome ICAO/KSA Code    |  |

On behalf of the applicant/water aerodrome operator, I certify that all the above information is correct to the best of my knowledge and I hereby apply in the prescribed forms for the issuance of a Water Aerodrome Certificate or Authorization to operate the water aerodrome as per the provisions prescribed in GACAR Part 137.

|                                        |      |
|----------------------------------------|------|
| Signature of the Accountable Executive | Name |
|                                        |      |
| Position held                          | Date |
|                                        |      |

(Note: This application form must be attached with all the required documents as prescribed in GACAR Part 137.127 for certification or GACAR Part 137.147 for authorization, as applicable. Incomplete form or false information or non-submission of required documents will make the application liable for rejection.)