DEPARTMENT OF TRANSPORTATION - BUREAU OF AERONAUTICSPO Box 483, Concord New Hampshire 03302-0483

RENEWAL OF AIRPORT REGISTRATION

IDENT:

NAME OF AIRPORT	Γ:	TOWN OR MUNICIPALITY:		
COUNTY:		LATITUDE	LONGITUDE	
PHYSICAL ADDRES	SS			
MAILING ADDRESS (IF DIFFERENT)				
NAME OF OWNER/ (If other than applica ADDRESS OF OWN (If other than applica	nt) IER/SPONSOR:		EPHONE: NUMBER: All:	
I, undersigned, being duly authorized to make application for, and to operate the airport described above, hereby apply for permission to operate the airport pursuant to the Aeronautical Laws of New Hampshire and the rules and regulations duly promulgated thereunder. I certify that the above statements are true.				
	Signature of Owner/Sponsor			
♦ONLY OPEN TO THE PUBLIC AIRFIELDS <u>MUST</u> COMPLETE THIS SECTION •				
Airport Manager:		Telephone:		
Mailing Address:	ing Address: Fax number			
		Cell Phone	#	
		E-MAIL Address:		
		Website URL		
Authorized Representative(s)				
I hereby acknowledge acceptance of my appointment as Airport Manager and accept the responsibility of the duties of that position as prescribed by RSA 422:20.				
Signature of Airport Manager Note: If manager changes during the registration year, this form MUST be updated and re-submitted!				
20. Airport Info	rmation:			
☐Land Airport	☐State Airport	☐Sod Surface	Conditions:	
☐Ice Airport	☐Municipal Airport	☐Gravel Surface		
☐Water Airport	☐Private Commercial	☐Paved Surface		
□Heliport	☐Private Non-Comme	ercial Water		
Other specialty types, please describe:				
LONGEST RUNWAY OR AREA: (length) (width)				
Airport Status:			(widii)	
☐Open to Public-No	Public-No Limitations			
If Open to Public, please include a schedule of attended hours:				