



Doc No.: ECA/REG/AGA/F/002
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ESWATINI CIVIL AVIATION AUTHORITY

SW/FSD/AGA/F/002

Form to be used for the application for use of aerodrome at night for commercial air transport, to be filled by the aerodrome operator

PART 1. PARTICULARS OF THE AERODROME OPERATOR

1.1 Full Name:	
1.2 Trade Name:	
1.3 Full Business / Residential address:	
1.4 City:	
1.5 Email address:	
1.6 Telephone Number:	
1.7 Aerodrome certificate /registration Number:	Expiry Date:

PART 2 : APPLICATION OF THE AERODORME

2.1 Name of the aerodrome:
2.5 Aerodrome operating Minima:
2.6 Category of airspace:
2.7 Types of traffic permitted (IFR/VFR):
2.8 Does the aerodrome have one or more instrument runways: YES <input type="checkbox"/> / NO <input type="checkbox"/> , IF YES, specify the Runway and category:
2.9 Does the aerodrome have an approach lighting system: YES <input type="checkbox"/> / NO <input type="checkbox"/> , IF YES, specify the Runway and type of approach:

PART 3 : TYPE OF OPERATIONS

3.1 Critical aircraft to be used:
3.2 Type Of operations (Scheduled/Non-Scheduled/Alternate):
3.3 Days and hours of operations:
3.4 Particulars of non-compliance with, or deviation from Civil Aviation (Aerodrome) Regulations:

PART 4 : SUPPORTING DOCUMENTS

4.1 Supporting Documents	
Mark the appropriate block	
<input type="checkbox"/> Marking and lighting plan	<input type="checkbox"/> Descriptin of the approach lighting system
<input type="checkbox"/> Additional supporting document (specify)	

The Aerodrome operator declares hereby that the particular provided in the application are true in every respect. Pursuant to Civil Aviation (Aerodrome) Regulation, this constitutes an application for the use of an aerodrome by night, as described in Part 3 above.

Name and titel of the Applicant authorized person

Signature

Date

