



Doc No.: ECA/REG/AGA/F/034  
 Revision Number: 00  
 Issue date: 22-03-2024  
 Effective Date: 01-04-2024

**ESWATINI CIVIL AVIATION AUTHORITY**  
**ECA/REG/AGA/F/034**

Form to be used for the application for alterations, obstructions, works on aerodrome, to be filled by the aerodrome operator

**PART 1. PARTICULARS OF THE AERODROME OPERATOR**

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| 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 Fax, Telex or other contact (if any) |

**PART 2 : PARTICULARS OF THE PROPOSED ALTERATIONS, OBSTRUCTIONS OR WORKINGS**

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|--|
| 2.1 Name of aerodrome:   |
| 2.2 Type of activity (tick as applicable):<br><input type="checkbox"/> Alteration <sup>1</sup> <input type="checkbox"/> Obstruction <sup>2</sup> <input type="checkbox"/> Workings <sup>3</sup><br>1. Change to aerodrome physical characteristics, visual aids, equipment or installation that does not affect its basic structure/function <input type="checkbox"/><br>2. Permanent or temporary obstacle, power line, telephone line or other overhead line <input type="checkbox"/><br>3. Maintenance activities, major modifications to, or introduction of new aerodrome physical characteristics, visual aids, equipment or installation <input type="checkbox"/> |
| 2.3 Location of the proposed alterations, obstructions or workings<br><input type="checkbox"/> Obstacles Free Zone (OFZ) <input type="checkbox"/> Movement area<br><input type="checkbox"/> Terminal Building (Specify) <input type="checkbox"/> Obstacles Limitation Surfaces (Specify)<br><input type="checkbox"/> Other area (Specify)  |
| 2.4 Description of the activity<br>.....<br>.....<br>.....<br>.....  |





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### PART 3: SUPPORTING DOCUMENTS

3.1 Supporting Documents  
Mark the appropriate block

Layout & Plans

Additional supporting document (specify)

Description

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The applicant declares hereby that the particular provided in the application are true in every respect

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Name and titel of the Applicant authorized person

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Signature Date

