



Restricted Landing Area Airport Heliport

- 1. Applicant (proposed certificate holder) Phone
2. Address: City/State/Zip:
3. Location of Facility City: County: Legal Description of Property: Distance and direction from nearest municipality: Latitude: Longitude: Elevation:
4. Present Certificate Holder: Date of Certification:
5. Date Facility transferred to applicant: Nature of Transfer: Sale Gift Merger Other
6. Owner of Land:
7. Address: City/State/Zip:
8. Describe any changes in proposed operation, physical characteristics or types of based aircraft (RLA Only) (attach additional pages if necessary)

Signature of Applicant

Date

AFFIDAVIT

State of )
) ss.
County of )

being first duly sworn upon his oath, deposes and says that he has read the foregoing statements and that the same are true and correct.

Signature of Applicant

Date

Subscribed and sworn before me this day of ,

Notary Public

The undersigned certificate holder of the facility referred to herein, states that he has assigned and transferred all of his right, title and interest in said facility and hereby requests cancellation of the Certificate of Approval issued to him and consents to the issuance of a Certificate of Approval for said facility by the Division of Aeronautics to the Applicant.

Present Certificate Holder

Date

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is VOLUNTARY; however, failure to comply may result in this form not being processed.

The original signed copy of this form must be submitted to the Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Springfield, IL 62707-8415, Attn: Aviation Safety. To expedite processing, this completed signed form may be scanned and emailed to aeroavsafety@dot.il.gov or faxed to 217/785-4533.