



REQUEST FOR WAIVER

APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME				DATE	
NAME OF LICENSEE			POINT OF CONTACT (if different than Licensee)		
DAYTIME PHONE NUMBER	EMAIL		DAYTIME PHONE NUMBER	EMAIL	
STREET ADDRESS/P.O. BOX			STREET ADDRESS/P.O. BOX		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

WAIVER REQUEST		
State request and describe condition to be waived (attach documents, maps and photos as necessary): <input type="checkbox"/> Attachments <hr/> <hr/> <hr/> <hr/>		
Explain why criterion cannot be met: <hr/> <hr/> <hr/> <hr/>		
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): <hr/> <hr/> <hr/> <hr/>		
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> List Type Approach (each rwy): _____ <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR _____ <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR </td> <td style="width:50%; border: none; vertical-align: top;"> Public Airports Only: Municipality in which located: _____ Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	List Type Approach (each rwy): _____ <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR _____ <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: _____ Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input type="checkbox"/> No
List Type Approach (each rwy): _____ <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR _____ <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: _____ Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION	
I hereby certify that I am the owner, or authorized agent, of the above named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.	
_____ Name (Print)	_____ Signature
_____ Title	_____ Date

Complete and mail to: **PennDOT Bureau of Aviation**
Attn: Aviation Specialist Supervisor
P.O. Box 3151
Harrisburg, PA 17105-3151

FOR BUREAU OF AVIATION USE ONLY Received _____ Region _____

REQUEST FOR WAIVER INSTRUCTIONS (AV 21)

REFERENCES:

- A. Department of Transportation Aviation Regulations, Chapter 471, Title 67, PA Consolidated Statutes.
- B. FAA Aviation Regulations Part 77 (Navigable Airspace)
- C. FAA Advisory Circular 150/5300-13 (Airport Design)
- D. FAA Advisory Circular 150/5390-2 (Heliport Design)
- E. Aviation Code, Act of October 10, 1984, P.L. 837, No. 164

SUBMIT A SEPARATE FORM FOR EACH CONDITION A WAIVER IS REQUESTED.

1. Applicant Information

- Name/address of licensee, and point of contact (if different than owner).

2. Waiver Request:

- A. State request and describe condition to be waived ("Request a Bureau waiver for..."). Attach maps, sketches, photos, or other documents as necessary to describe the location and characteristics of the deficiency in question.
- B. Explain why the condition cannot be corrected by the airport sponsor.
- C. List all actions taken to alleviate the non-standard condition. For off airport obstructions, address the actions taken with property owner(s) and/or the local municipality to address the issue. List names, addresses and phone numbers, as necessary. Attach any supporting documentation available.
- D. Indicate the type of approach(es) to the impacted runway(s).
- E. For Public airports: indicate the municipality in which the airport is located, and whether the municipality has adopted airport hazard zoning.
- Attach information, as necessary, on any other issues pertaining to the waiver request. Identify actions proposed at a later date which may alleviate the condition. Indicate what actions will be taken to ensure an adequate level of safety if a waiver is granted.

3. Certification:

- Name and signature of person requesting the waiver. (Facility owner, airport manager or designated representative).

Mail completed request to:

Pennsylvania Bureau of Aviation
Attn: Aviation Specialist Supervisor
P.O. Box 3151
Harrisburg, PA 17105-3151