## Ministry of Transportation and Telecommunications





## **Application for the grant of a Helicopter Landing Area Certificate**

NAME:	
ADDRESS:	
DATE OF APPLICATION:	
LIST OF SUPPORTING DOCUMENTS: Include Type of HLA applied for, Location, and HLA Manual.	
ACCOUNTABLE MANAGER:	
On behalf of the applicant named above, I hereby certify that the application is true and complete.	information contained in this
Name	Date
Position	
Contacts	