KINGDOM OF BAHRAIN 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 information contained in this application is true and complete.

Name

Date

Position

Contacts