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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of Tennessee  Department of Transportation Aeronautics Division | | | Application for Heliport Site Approval | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Name of Proponent, Individual, or Organization    Check if the helipad operator’s name and address are different than above, and list operator’s name and address in section G. | | | | | | | | | | | | | | | | Address of Proponent, Individual, or Organization  *(No., Street, City, State, Zip Code)* | | | | | | | | | | | | | | | | |
| Establishment or Activation | | | | | Deactivation or abandonment | | | | | | | | | | Alteration | | | | | | | | | | Change of Status | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Location of Landing Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Associated City | | | | | | | 2. County *(Physical Location of Airport)* | | | | | | | | | | | | | | | | | | | | 3. Distance and Direction From  Associated City or Town | | | | | |
| 4. Name of Landing Area | | | | | | | 5. Latitude | | | | | | 6. Longitude | | | | | | | | | 7. Elevation | | | | | Miles | | | | Direction | |
|  | | | | | | | **°** | **‘** | | **“** | | | **°** | | | | **‘** | | | **“** | |  | | | | |
| B. Purpose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Use Public  Medical  Private | | | | If Change of Status or Alteration, Describe Change | | | | | | | | | | | | | | | | | | | | | | | Construction Dates | | | | | |
| To Begin/Began | | | | Est. Completion | |
| C. Other Landing Areas | | *Ref. A5 above* | | | | | | D. Landing Area Data | | | | | | | | | | | | | Existing *(if any)* | | | | | | | | | Proposed | | |
| Direction From Landing Area | | | | Distance From Landing Area | | Heliport | | | | | | | | | | | | |  | | | | | | | | |  | | |
| Dimensions of Final Approach and Take off Area (FATO) in Feet | | | | | | | | | | | | |  | | | | | | | | |  | | |
|  | |  | | | |  | | Dimensions of Touchdown and Lift-Off Area (TLOF) in Feet | | | | | | | | | | | | |  | | | | | | | | |  | | |
|  | |  | | | |  | | Magnetic Direction of Ingress/Egress Routes | | | | | | | | | | | | |  | | | | | | | | |  | | |
| E. Obstructions | | DirectionFrom Landing Area | | | | DistanceFrom Landing Area | | Type of Surface*(Turf, concrete, rooftop, etc.)* | | | | | | | | | | | | |  | | | | | | | | |  | | |
| Type | Height Above Landing Area |
|  |  |  | | | |  | | Description of Lighting *(If any)* | | | | | | | | | | | | | | | | | | | | | Direction of Prevailing Wind | | | |
|  |  |  | | | |  | |
| G. Operator Information | |  | | | | | | F. Operational Data | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Estimated or Actual Number Based Aircraft | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | Present *(If est indicate by letter “E”)* | | | | | | | Anticipated 5 Years Hence | | | |  | | | | | Present *(If est indicate by letter “E”)* | | | | Anticipated 5 Years Hence |
| Address | | | | | | | | Under 3500 lbs. MGW | | | |  | | | | | | |  | | | | Over 3500 lbs. MGW | | | | |  | | | |  |
|  | | | | | | | | 3. Are IFR Procedures for the Heliport Anticipated | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | No | | | Yes | | | Within      Years | | | | | | | | | Type Navaid: | | | | | | | | | |
|  | | | | | | | | H. Notice of Landing Area Proposal (FAA Form 7480-1) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Has Been Made | | | | | | | | | | Will Be Made | | | | | | | | Airspace Received | | | | | | |
| I. CERTIFICATION: *I hereby certify that all of the above statements made by me are true and complete to the best of my knowledge* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name, title *(and address if different than above)* of person filing this notice – type or print | | | | | | | | | Signature *(in ink)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Date of Signature | | | | | | | | | | | | | | | Telephone No. (Precede with area code) | | | | | | | | |

Exhibit 3

(Rule 1680-1-2-.09, continued) November 2006