

**AIRPORT MASTER RECORD**

>1 ASSOC. CITY: 4 STATE: LOC ID: FAA SITE NR:  
>2 AIRPORT NAME: 5 COUNTY:  
3 CBD TO AIRPORT (NM): 6 REGION/ADO: 7 SECT AERO CHT:

**GENERAL**

**SERVICES**

**BASED AIRCRAFT**

10 OWNERSHIP:  
11 OWNER:  
12 ADDRESS:

>70 FUEL:

90 SINGLE ENG:  
91 MULTI ENG:  
92 JET:  
TOTAL

13 PHONE NR:  
14 MANAGER:  
15 ADDRESS:

93 HELICOPTERS:  
94 GLIDERS:  
95 MILITARY:  
96 ULTRA-LIGHT:

16 PHONE NR:  
17 ATTENDANCE SCHEDULE:  
MONTHS DAYS HOURS

**FACILITIES**

18 AIRPORT USE:  
19 ARPT LAT:  
20 ARPT LON:  
21 ARPT ELEV:  
22 ACREAGE:  
>23 RIGHT TRAFFIC:  
24 NON-COMM LANDING:

>80 ARPT BCN:  
>81 ARPT LGT SKED:  
>82 UNICOM:  
83 WIND INDICATOR:  
84 SEGMENTED CIRCLE:  
85 CONTROL TWR:  
86 FSS:  
87 FSS ON ARPT:  
88 FSS PHONE NR:  
89 TOLL FREE NR:

**RUNWAY DATA**

>30 RUNWAY IDENT:  
>31 LENGTH:  
>32 WIDTH:  
33 SURF TYPE-COND:

**LIGHTING/APCH AIDS**

>40 EDGE INTENSITY:  
>42 RWY MARK TYPE-COND:

**OBSTRUCTION DATA**

50 PART 77 CATEGORY:	/	/	/	/	/
51 DISPLACED THLD:	/	/	/	/	/
52 CTLG OBSTN:	/	/	/	/	/
53 OBSTN MARKED/LGTD:	/	/	/	/	/
54 HGT ABOVE RWY END:	/	/	/	/	/
55 DIST FROM RWY END:	/	/	/	/	/

> ARPT MGR PLEASE ADVISE FSS IN ITEM 86 WHEN CHANGES OCCUR TO ITEMS PRECEDED BY>

>1 I 0 REMARKS:

111 OWNER/MANAGER SIGNATURE

113 DATE:

**Note:**

The intent of this form is to notify the FAA that the landing area on the reverse side is now operational. Please complete the form and return it to the FAA Regional Office or Airports District Office that airspaced the landing area when the landing area is fully operational. Contact the office if you have any questions regarding this form.

**Paperwork Reduction Act Statement:**

The information collected on this form is necessary because it is the description of the physical and operational characteristics of the airport that will be on file with the FAA. The information will be maintained in FAA computers for record keeping purposes and use in airspace studies. Some of the information on this form is critical to aviation safety and will be published in flight information handbooks and charts for pilot use. The burden associated with completing this form is estimated to be 2 hours. Providing this information is mandatory if the proponent wishes to have the airport on file with the FAA and entered into the National Airspace System. No assurances of confidentiality are given. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0015.

**TO MAIL THE COMPLETED FORM:**

1. Reverse fold the form so that the address is on the outside.
2. After folding, fasten the folded form together with a piece of tape at the place marked "Tape Here".
3. No postage is required for mailing.

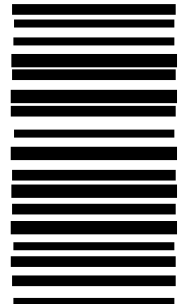
FAA Form 5010-5 (4-96) SUPERSEDES PREVIOUS EDITION

U.S. Department of Transportation  
Federal Aviation Administration  
Washington D.C. 20591

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 12438 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY THE FEDERAL AVIATION ADMINISTRATION

**PLACE ADDRESS LABEL HERE**

**Tape  
Here**