Michigan Department of Transportation 4002 (01/2024)

## LICENSE APPLICATION FOR AIRPORT MANAGER AND ASSISTANT MANAGER

Information required by Act 327 P.A. of 1945, as amended, to obtain a license

<u>INSTRUCTIONS</u>: Return completed form to Michigan Department of Transportation, Office of Aeronautics, 2700 Port Lansing Road, Lansing, Michigan 48906-2160. If you have questions or require additional information, contact Michele Duncan via e-mail: <u>DuncanM3@Michigan.gov</u> or phone: (517) 648-9665.

e-maii. <u>Duncanivis@iviicniga</u>	<u>ini.gov</u> of priorie. (517) 646-9665	o.	
	AERONAUTICA	AL FACILITY INFORMATION	
ASSOCIATED CITY			
OFFICIAL FACILITY NAME			
	MANAGER/ASSIST	ANT MANAGER INFORMATIO	N
Responsibilities and Dutie	s of the Airport Manager(s)		
<ul> <li>Assist appropriate authorities in enforcement of federal, state, and local rules and regulations pertaining to airports, aircraft and airmen.</li> </ul>			
<ul> <li>Determine that all licensed aeronautical facility requirements for the class under which the site is licensed are maintained.</li> <li>Determine and take appropriate action to assure that all locally based commercial activities operating on the licensed aeronautical facility have appropriate licenses and registrations as issued by federal and state agencies.</li> <li>Post local rules, traffic patterns, and noise abatement procedures, if any.</li> <li>File notice with the proper state and federal agency indicating any change in the aeronautical facility condition.</li> </ul>			
<ul> <li>Note and advise the cor facility that would affect</li> </ul>	mmission of a proposed constru air navigation safety or use.	iction or zoning change adjacen	to or near the licensed aeronautical
Advise sponsors of new	and proposed construction of f	federal regulations pertaining to	objects affecting navigable airspace.
	Manager	Assistant Manager	
NAME			DATE OF EXAM
AIRPORT BUSINESS MAILING ADDRESS			EXAM SCORE
HOME PHONE NUMBER	OFFICE PHONE NUMBER	CELL PHONE NUMBER	LIC#
E-MAIL ADDRESS	<u> </u>		<u> </u>
I certify that I have read the "R them to the best of my ability.		rport Managers" listed above on	this application and will abide by
SIGNATURE			DATE
In the event YOU are	NOT the owner of the facility	, the following should be attes	sted to by a proper official.
authority in the enforcement	of the Rules and Regulations p	port Manager/Assistant Manage Pertaining to the airport, and to ta authorized under the Michigan	r and authorize him/her to exercise ake such action as may be required Aeronautics Code.
AUTHORIZED OFFICIAL SIG	GNATURE		DATE
NAME OF AUTHORIZED OFFICIAL TO APPOINT MANAGER/ASST MANAGER			TITLE