

KENTUCKY TRANSPORTATION CABINET **DEPARTMENT OF AVIATION**

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RESTRICTED USE AIRPORT/HELIPORT REGISTRATION

Instructions: Submit complet methods:	ed form to	the Inspection Brar	nch of the Departm	ent of Avia	tion using (one of the following					
MAIL Kentucky Department of Aviation ATTN: Inspection Branch		EMAIL Kytc.Airportinspection@ky.gov		<u>FAX</u> (502) 564-7953							
							90 Airport Road, Building 400				
							Frankfort, KY 40601				
SECTION 1: OWNER INFOR	MATION										
ORGANIZATION/BUSINESS		WEB ADDRESS		PHONE		MOBILE PHONE					
MAILING ADDRESS		CITY		STATE		ZIP					
FIRST NAME		LAST NAME		EMAIL							
SECTION 2: FACILITY INFO	RMATION										
NAME IDENTIFIE		COUNTY			ASSOCIATED CITY						
ADDRESS (if different than mailin	g address)	CITY	1	STATE		ZIP					
Airport Heliport	Oth	er		<u> </u>	_						
Is this a new facility?	es 🗌 No										
<u>Status:</u>											
Open Close											
Date opened:	Date clos	ed:									
MM DD YYYY MM	_// /	YYYY									
*If the facility is now closed, v	vhat meas	ures have been take	n to remove this sit	te from the	FAA syste	m?					
For questions, contact the Dep	partment	of Aviation Inspectio	n Branch at (502) 5	64-4480.							