STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

HELICOPTER LANDING AUTHORIZATION - APPLICATION

DOA-0204 (REV 06/2016)

This application must be received by the Aeronautics Program ***at least two weeks prior to date of landing.***

PLEASE PRINT OR TYPE AND COMPLETE ALL ITEMS

PART I. HELICOPTER OPERATOR INFORMATION

NAME GUARDIAN HELICOPTERS INC			
BUSINESS ADDRESS 16425 HART ST VAN NUYS CA 91406			
BUSINESS TELEPHONE NUMBER (818) 442-9904	FAX NUMBER (818) 442-9901	EMAIL JTEUBNER@FLYGHI.COM	
MAKE, MODEL, AND NUMBER OF HELICOPTERS TO BE USED AIRBUS AS350			NUMBER OF LANDINGS 4
DATE OF LANDINGS 6-2-2019		ALTERNATIVE DATE(S)	
PRINT NAME JEFFREY M. TEUBNER		SIGNATURE	

PART II. LANDING SITE INFORMATION

COMPLETE SECTION A OR B AS APPROPRIATE

A. IF ON SCHOOL PROPERTY, NAME OF SCHOOL WEATHERFIELD ELEMENTARY SCHOOL			
ADDRESS 3151 DARLINGTON DR THOUSAND OAKS CA 91360			
BUSINESS TELEPHONE NUMBER (805) 492-3563	FAX NUMBER (805) 492-4452	EMAIL lauriedavis@conejousd.org	
I am aware of and do not object to the proposed helicopter landing at the site and on the date described in PART I. I also waive the right to demand a public hearing in accordance with Public Utilities Code Section 21662.5.			
SCHOOL OFFICIAL'S NAME Dr. Victor Hayek	TITLE Deputy Superintendent	SIGNATURE	
B. IF NOT ON SCHOOL PROPERTY, PROPERTY OWNER'S NAME			
ADDRESS OF LANDING SITE			
BUSINESS ADDRESS			
BUSINESS TELEPHONE NUMBER	FAX NUMBER	EMAIL	
I give permission for the helicopter listed in Part I of this form to conduct the landing	PRINT NAME	SIGNATURE	

PART III. PERMISSION FROM OTHER SCHOOLS WITHIN 1,000 FEET

COMPLETE BELOW OR PROVIDE SEPARATE LETTER(S) OF NO OBJECTION

I am aware of and do not object to the proposed helicopter landing at the site and on the date described in PART I. I also waive the right to demand a public hearing in accordance with Public Utilities Code Section 21662.5.			
NAME OF SCHOOL			
ADDRESS			
BUSINESS TELEPHONE NUMBER	FAX NUMBER	EMAIL	
SCHOOL OFFICIAL'S NAME	TITLE	SIGNATURE	
NAME OF SCHOOL			
ADDRESS			
BUSINESS TELEPHONE NUMBER	FAX NUMBER	EMAIL	
SCHOOL OFFICIAL'S NAME	TITLE	SIGNATURE	

Send complete application to address below or FAX to (916) 653-9531.

CALIFORNIA DEPARTMENT OF TRANSPORTATION
AERONAUTICS PROGRAM - MS #40
P. O. BOX 942874
SACRAMENTO, CA 94274-0001

DOA 91-0204

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.