FORM DA-6 (06/2019)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
BUREAU OF AERONAUTICS
1035 Parkway Avenue, PO Box 600
Trenton, NJ 08625-0600
http:\\www.nj.gov\transportation\airwater\aviation
Phone: (609) 963-2100 - Fax: (609) 530-5270

SELF-INSPECTION FORM FOR NON-PUBLIC USE FACILITIES

FACILITY NAME:	
LICENSE NUMBER:	**Runway Length/Takeoff-Landing Area Dimensions:**
Runway/Takeoff-Landing Area Surface Type: ☐ Asphalt ☐ Turf ☐ Concrete ☐ Other _____ (Please Specify)	
Condition of Surface: ☐ Good ☐ Fair ☐ Poor	
Direction of Approaches:	Runway
	Helistop
Condition of Approaches: ☐ Clear ☐ Obstructed (Please Explain) _____	
Condition of Lighting (if applicable): ☐ Good ☐ Fair ☐ Poor	
Type of Runway or Takeoff/Landing Area Markings: ☐ Good ☐ Fair ☐ Poor	
Condition of Markings: ☐ Good ☐ Fair ☐ Poor	
Type of Aircraft:	Number of Annual Operations:

NOTE: You are responsible for the maintenance of your facility and the accuracy of your answers. Spot checks may be made and findings compared to your self-inspection.
PLEASE MARK ONE OF THE FOLLOWING BOXES:

☐	*I CERTIFY THAT THE ABOVE FACILITY **IS IN SAFE, USABLE CONDITION**. PLEASE RETAIN MY CURRENT LICENSE AS IS. Included is the appropriate fee with the renewal form.*
☐	*I CERTIFY THAT THE ABOVE FACILITY IS **"NOT IN USABLE CONDITION AT THIS TIME,"** BUT WISH TO RETAIN MY LICENSE. PLEASE INDICATE ON THE LICENSE, "NOT TO BE USED UNTIL REINSPECTED BY THE BUREAU OF AERONAUTICS.". Included is the appropriate fee with the renewal form.*
Remarks:	

Print Contact Name: _____ Telephone Number: _____

_____ _____
Contact Signature Date