



KENYA CIVIL AVIATION AUTHORITY

FORM: KCAA/ASSR/AD/005

AERIAL MASTS AND OTHER STRUCTURES HEIGHT APPROVAL APPLICATION FORM

| | |
|---|---|
| NAME OF OPERATOR | |
| CONTACT OF OPERATOR | SITE NAME |
| P.O Box..... CODE..... CITY/TOWN..... Tel. Email | REQUESTED HEIGHT (In Meters) SITE LOCATION (WGS84 COORDINATES) ___ ° ___ ' ___ . ___ " E ___ ° ___ ' ___ . ___ " S N |
| DATE OF APPLICATION ___/___/20___ | NAME OF APPLICANT SIGNATURE OF APPLICANT |

FOR OFFICIAL USE ONLY

| | |
|---|-----------------------------|
| APPLICABLE AMOUNT Ksh..... (In words)..... | |
| DATE OF PAYMENT ___/___/20___ | KRA RECEIPT NUMBER |
| DATE OF RECEIPT & RECEIVING OFFICER NAME..... Date ___/___/20___ Signature..... | |