



REQUEST FOR WAIVER

APPLICANT INFORMATION							
AIRPORT/HELIPORT NAME Malinchak PVT						DATE 05/20/2019	
NAME OF LICENSEE Joseph Malinchak				POINT OF CONTACT (if different than Licensee)			
DAYTIME PHONE NUMBER 570-430-8981		EMAIL joemal@echoes.net		DAYTIME PHONE NUMBER		EMAIL	
STREET ADDRESS/P.O. BOX 107 Malinchak Lane				STREET ADDRESS/P.O. BOX			
CITY Greenfield Township		STATE PA	ZIP CODE 18407	CITY		STATE	ZIP CODE

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary): <input checked="" type="checkbox"/> Attachments	
I am requesting a Waiver for a single in/out condition restricting use to landing on Runway 02, and departing on Runway 20.	
Explain why criterion cannot be met: Due to tree obstructions on the approach for Runway 20.	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): Use of Runway 02 for landing, and Runway 20 for takeoff.	
List Type Approach (each rwy): 02 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR 20 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: _____ Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION	
I hereby certify that I am the owner, or authorized agent, of the above named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.	
Joseph Malinchak Name (Print) owner Title	 Signature 05/20/2019 Date

Complete and mail to: **PennDOT Bureau of Aviation**
Attn: Aviation Specialist Supervisor
P.O. Box 3151
Harrisburg, PA 17105-3151

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Region 1