

REQUEST FOR WAIVER



APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME Phoenixville Hospital Heliport				DATE 12/10/2014	
NAME OF LICENSEE Phoenixville Hospital			POINT OF CONTACT (if different than Licensee) Mr. Bradley Foltz		
DAYTIME PHONE NUMBER (610) 983-1000		EMAIL	DAYTIME PHONE NUMBER (610) 983-1055		EMAIL
STREET ADDRESS/P.O. BOX 140 Nutt Road			STREET ADDRESS/P.O. BOX Same		
CITY Phoenixville		STATE PA	ZIP CODE 19460	CITY Same	
		STATE	ZIP CODE		

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary): <input type="checkbox"/> Attachments	
Request is to maintain current amber lights for defining perimeter of TLOF instead of converting to FAA recommended green colored lighting	
Explain why criterion cannot be met: Criteria can be accomplished, but EMS operators who use the facility have expressed their desire that we maintain the amber lighting to assist with night vision operations.	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): Checked with the EMS operators of the facility to determine any negative effect of changing to green, before making any changes to heliport lighting.	
List Type Approach (each row): 140 Approach <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR 300 Approach <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.	
<p><u>MIKE KELLY</u> Name(Print)</p> <p><u>Dir, OPS & Maint Flight</u> Title</p>	<p><u>[Signature]</u> Signature</p> <p><u>12/9/2014</u> Date</p>

Complete and mail to: **PennDOT Bureau of Aviation**
Attn: Aviation Specialist Supervisor
P.O. Box 3457
Harrisburg, PA 17105-3457

FOR BUREAU OF AVIATION USE ONLY
Received _____
Region _____