



HELIPORT RECORDS AUTHORIZATION FORM

FAA Record Name (Loc-ID):

Revised Name:

CONTACT DETAILS

HELIPORT OWNER

Name:

Street Address:

City:

County:

State:

Zip Code:

Phone Number:

HELIPORT CONTACT

Name:

Title / Position:

Street Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

AUTHORIZATION STATEMENT

I hereby authorize the Heliport Safety Organization (HSO) to update and maintain all necessary FAA and HSO records related to the aforementioned heliport on my behalf. This authorization is effective immediately and will remain in effect until further notice. I acknowledge that HSO is not liable for any errors, inaccuracies, or omissions in the records, or for any decisions made or actions taken based on such records.

Authorized by:

Name (Print): _____

Signature: _____

Date: _____

Please send completed form to: info@heliportsafety.org