

**2008/09 Virginia Airport Directory Survey Form**

Airport Name (full name)			
Category	Description	No Change	Updated Information
Three-Letter Identifier		<input type="checkbox"/>	
Associated City		<input type="checkbox"/>	
Coordinates		<input type="checkbox"/>	
Elevation		<input type="checkbox"/>	
Traffic Pattern	<i>Left or Right (nonstandard altitude?)</i>	<input type="checkbox"/>	
Runway(s)	<i>Length, width, type of surface</i>	<input type="checkbox"/>	
Runway Lights	<i>Type, mode of control</i>	<input type="checkbox"/>	
Rotating Beacon	<i>Yes or No</i>	<input type="checkbox"/>	
Sectional Chart	<i>Washington or Cincinnati</i>	<input type="checkbox"/>	
Location	<i>Miles and direction from associated city</i>	<input type="checkbox"/>	
Fuel	<i>Yes, (type) or No</i>	<input type="checkbox"/>	
Maintenance	<i>Yes, (type) or No</i>	<input type="checkbox"/>	
Manager	<i>Name, address</i>	<input type="checkbox"/>	
Manager Telephone	<i>Area Code and Number</i>	<input type="checkbox"/>	
Operator(s)	<i>Airport Authority if they provide services or fixed base operator information</i>	<input type="checkbox"/>	
Operator Telephone	<i>Area Code and Number</i>	<input type="checkbox"/>	
Airport Telephone	<i>Area Code and Number</i>	<input type="checkbox"/>	
Hours of Operation	<i>Hours (days of week/seasonal)</i>	<input type="checkbox"/>	
Remarks	<i>Obstructions, special procedures, landing fees, services (restaurants, rental cars, taxis, flight schools), etc.</i>	<input type="checkbox"/>	
Points of Interest	<i>Local attractions</i>	<input type="checkbox"/>	
Published Instrument Approach	<i>Yes or No</i>	<input type="checkbox"/>	
AWOS III/ASOS	<i>Yes (frequency, area code and telephone) or No</i>	<input type="checkbox"/>	
Weather Briefing Service	<i>Yes - (name of service and area code and telephone) or No</i>	<input type="checkbox"/>	
Communications		<input type="checkbox"/>	
Navigational Aids		<input type="checkbox"/>	

Approach Lighting	Yes (type) or No	<input type="checkbox"/>	
<b>Enter the following information -</b>			
Airport Web Site			
<b>Individual who completed the survey:</b>			
Airport Name			
Your Name			
Job Title			
Telephone Number			
E-Mail			
<b>Comments</b>			
Please return the Survey to the Virginia Department of Aviation, Attn: Davia Archer, 5702 Gulfstream Road, Richmond, Virginia 23250-2422 by January 31, 2008. Thank you -			

No Changes Required to Drawing or Text (please check here and sign)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note:

This form is available online at:  
[www.doav.virginia.gov/airports.htm](http://www.doav.virginia.gov/airports.htm) (in  
 Excel format) until January 31, 2008.  
 Please complete, save, attach to an e-  
 mail and send to  
[davia.archer@doav.virginia.gov](mailto:davia.archer@doav.virginia.gov).