

**Return For All Operators  
 (Including fixed wing, rotary wing, & charters)**

Name of Operator: \_\_\_\_\_

Period of Operations/ Calendar Month: \_\_\_\_\_

Number of landings and passenger seats per aircraft type in period of operations.

All Operators Complete this Table:

Type of Aircraft	MCTOW (kg)	Landing Charge Number of landings in period	Passenger Movement Charge (if applicable) Number of arriving passenger seats in period (aircraft equal to or greater than 3,000kg MCTOW only)

Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Return completed form to Marlborough Council Accounts: [admin@marlboroughairport.co.nz](mailto:admin@marlboroughairport.co.nz)