



ALASKA DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES

CERTIFIED LANDINGS REPORT FOR SAND POINT AIRPORT

Month Ending: _____ Year: _____

Company Name:

Address 1:

Address 2:

City:

State:

Zip:

Aircraft Make/model	Tail #	Certified Maximum Gross Take-off Weight*	Number of Landings	Total Weight for the month

* CMGTW Rounded to next highest 1,000 lbs.

Total Weight:

Landing Fees, \$5.50 per 1,000 lbs.: \$

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I hereby certify that this information is true and correct to the best of my knowledge.

Signed: _____ Title: _____

Name (printed): _____ Tele: _____

Remit payment to: Alaska DOT&PF, Southcoast Region, Attn: Vicky Roberts, POB 112506, Juneau AK 98011
Report and payment are made on a monthly basis and are due no later than the 15th day of the following month.