

**MANITOBA AIRPORTS ASSISTANCE PROGRAM - MAAP  
INFORMATION FORM**

**AIRPORT NAME:** (as listed in the Canada Flight Supplement)

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**AIRPORT OWNER:**

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**INFORMATION FOR ANNUAL APPLICATION & CHEQUE SUBSIDY**

*Payment will be made directly to Municipal Airport Commission, as it is their responsibility to ensure grant is used for improvement and maintenance of the airport.*

**NAME OF MUNICIPAL AIRPORT COMMISSION:**

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**CONTACT PERSON FOR THE MUNICIPAL AIRPORT COMMISSION:**

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**TITLE:**

\_\_\_\_\_

**MAILING ADDRESS:**

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\_\_\_\_\_

\_\_\_\_\_

**PHONE NO.:**

\_\_\_\_\_

**FAX. NO.:**

\_\_\_\_\_

**Signature:**

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**INFORMATION ON AGENCY OPERATING THE AIRPORT**

**CONTACT PERSON FOR THE OPERATING AGENCY OF THE AIRPORT:**

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**TITLE:**

\_\_\_\_\_

**MAILING ADDRESS:**

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**PHONE NO.:**

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**FAX. NO.:**

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