



State of Vermont
PERMIT AND LICENSE INFORMATION

ON – OFF -AIRPORT AERIAL PERMITS

SUMMARY DESCRIPTION OF PERMIT

Aerial spraying, parachute exhibitions and air shows require Agency approval. AOT Approval indicates compliance with all statutory requirements and minimum safety standards.

EXAMPLE OF REGULATED ACTIVITY

Airplane or helicopter agricultural application, exhibition parachute jumps for compensation and organized air shows including aerobatic maneuvers and parachute jumps.

CRITERIA FOR JURISDICTION

Aerial spraying permit requires a certificate from VT Department of Agriculture. Parachute exhibition permit requires written municipal approval, and notification to FAA. Air show permit requires a Certificate of Waiver from FAA

INFORMATION REQUIRED

For aerial spraying, completed application form noting areas to be sprayed and list of approved chemicals. For Parachute permits completed application form including correspondence from the appropriate town Recreation and Parks director or equivalent indicating municipal approval. For an air show, completed application form, diagram of proposed aerobatic performance area, completed copy of FAA Form 7711-2 as filed with the FAA and must possess and have available for inspection the Certificate of Waiver from FAA.

FEES

None

APPLICATION TIME FRAME

One month.

ADMINISTERING AGENCY

**VT AGENCY OF TRANSPORTATION
POLICY, PLANNING, AND INTERMODAL
DEVELOPMENT DIVISION
- AVIATION SECTION -**

CONTACT: Rollin Tebbetts, Airport Operations &
Maintenance Manager

Email: rollin.tebbetts@vermont.gov
Phone: (802) 585-5586

ADDRESS: 219 North Main Street
Barre, VT 05641

AUTHORITY

5 V.S.A. § 421

**APPLICABLE
RULES**

Letter of instructions issued on request.

**APPEAL
PROCESS**

Interested parties may appeal within 30 days of decision



State of Vermont
PERMIT AND LICENSE APPLICATION

ON – OFF -AIRPORT AERIAL PERMITS

**Air Show Waiver
APPLICATION**

1. Name of Applicant:

2. Address:

3. Telephone: Fax:

4. Who Should We Contact if Necessary?:

How?:

5. Aircraft to be used. Make / Model: N-Number:

Color:

6. Pilot Roster. Please list all pilots to fly sorties:

a. Name: Type Airmen Certificate:

b. Name: Type Airmen Certificate:

c. Name: Type Airmen Certificate:

d. Name: Type Airmen Certificate:

7. Are you proposing to stage operations at a Vermont State Owned Airport?: Yes No

8. If yes, which airport:

9. Do you hold the required minimum liability insurance to operate from this airport?

Yes No

10. Describe, in detail, the proposed parachute activity:

11. Have you applied for and received the required certificate from the Vermont Agency of Agriculture listing chemicals to be applied?: Yes No Is it attached?: Yes No
12. Does your company have in their possession currently effective pesticide applicator or pesticide operator's licenses, as applicable? Yes No
13. Are you and all listed pilots familiar with all applicable Local and State regulations and/or Statutes pertaining to aerial spraying? Yes No
14. Are you and all listed pilots familiar with 14 CFR Part 91 and Part 137, as applicable?:
 Yes No

Signature:

Name (printed):

Date: