

VTrans Aviation Event Application



Please download and send a completed version of this form to: AOT.AviationEvents@vermont.gov

Airport Event Location: _____

Sponsor Name: _____

Sponsor Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Event Details:

Event Date(s): _____

Activity Type: _____ Public Private

Expected Number of Participants: _____

For Profit?: Yes No

Brief Event Description:

Safety Information: *All Applicants will be Required to Provide Proof of Insurance*

[VTrans will advise of insurance requirements once the event has been reviewed](#)

Safety Plan Description: *(A more detailed plan may be required once event is approved)*

Other Participating Organizations:

Type:

Organization Name:

Contact Name / Email:

Type:	Organization Name:	Contact Name / Email: