



State of Vermont
 Agency of Transportation
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VTTrans

Working to Get You There

**POLICY, PLANNING & INTERMODAL DEVELOPMENT DIVISION
 AVIATION PROGRAM OFFICE**

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Vermont Aeronautics Waiver Request

**Request for One Time Authorization of Airport Operation for
 Exceeding Weight Limit for Landing and Takeoff.**

Aircraft Serial Number: _____ Aircraft Registration Number: _____
 Airport Identifier: _____
 Airport Wt. Limit Single Wheel: _____ Double Wheel: _____
 Date of Landing: _____ Aircraft Gross Wt.: _____
 Date of Takeoff: _____ Aircraft Gross Wt.: _____
 Requester's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Alternate Phone Number: _____
 Remarks: _____

Requester to initial following paragraphs:

_____ I certify that I understand this is not blanket authorization for runway operations and only applies towards one-time landing and/or takeoff for the aircraft named above. I understand that this waiver authorization is valid for the date(s) specified and is cancelled if the date(s) and/or aircraft changes. If approved, this does not constitute a change in airport category and all design standards for the airport remain in place.

_____ I understand that I enter this agreement at my own risk and agree to be responsible for any damage overweight or oversize aircraft may cause as a result.

Signature: _____

Date: _____

Approving Authority: _____

cc: Aero files – weight waivers