

## State of Vermont PERMIT AND LICENSE INFORMATION

## ON – OFF -AIRPORT AERIAL PERMITS

SUMMARY DESCRIPTION OF PERMIT	Agency appro	g, parachute exhibitions and air shows require val. AOT Approval indicates compliance with all irements and minimum safety standards.
EXAMPLE OF REGULATED ACTIVITY	parachute jun	licopter agricultural application, exhibition nps for compensation and organized air shows batic 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
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APPLICABLE Letter of instructions issued on request. RULES

APPEAL Interested parties may appeal within 30 days of decision PROCESS



State of Vermont
PERMIT AND LICENSE APPLICATION

## **ON – OFF -AIRPORT AERIAL PERMITS**

Parachute Jump Exhibition

## **APPLICATION**

1.	Name of Applicant:				
2.	Address:				
3.	. Telephone: Fax:				
4.	Who Should We Contact if Necessary?:				
	How?:				
5.	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?:					
8.	B. If yes, which airport:				
9.	9. Do you hold the required minimum liability insurance to operate from this airport?				
	Yes No				
10.	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: