VTrans Aviation Event Application

For questions regarding this form, please Contact:
Rollin Tebbetts, Manager of Airport Maintenance & Airport Operations
Rollin.Tebbetts@vermont.gov Phone: 802-585-5586

Airport Event Location: < Please Select Airport >

Sponsor Name: _____

Sponsor Address: _____

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

Email: _____ Phone: _____

Event Details:

Event Date: _____

Activity Type: < Please Select One >

Expected Number of Participants: < Select >

For Profit?: Yes No

Aeronautical Non-Aeronautical

Public Private

Brief Event Description:

_____

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

Insurance coverage for event provided?: Yes No

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

_____

Other Participating Organizations:

Type:	Organization Name:	Contact Name / Email:
None		
None		
None		
None		

Applying for Financial Assistance from VTrans for Educational Event?: Yes No

Form Updated 6-13-2019

Submit Form