

VTrans Aviation Event Application



Please download and send a completed version of this form to: Rollin.Tebbetts@vermont.gov
Rollin Tebbetts, Manager of Airport Maintenance & Airport Operation 802-585-5586

Airport Event Location: _____

Sponsor Name: _____

Sponsor Address: _____

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

Email: _____ Phone: _____

Event Details:

Event Date: _____ Aeronautical Non-Aeronautical

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*

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:

Type:	Organization Name:	Contact Name / Email:

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