



State of Vermont  
**PERMIT AND LICENSE INFORMATION**

**ON – OFF -AIRPORT AERIAL PERMITS**

**SUMMARY DESCRIPTION OF PERMIT**

Aerial spraying, parachute exhibitions and air shows require Agency approval. AOT Approval indicates compliance with all statutory requirements and minimum safety standards.

**EXAMPLE OF REGULATED ACTIVITY**

Airplane or helicopter agricultural application, exhibition parachute jumps for compensation and organized air shows including aerobatic 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  
OPERATIONS DIVISION  
AVIATION SECTION**

**CONTACT:** Scott Fortney, Airport Operations Specialist  
Email: [Scott.Fortney@state.vt.us](mailto:Scott.Fortney@state.vt.us) Phone:  
Office (802) 828-2723  
Primary: Cell (802) 498-5763

**ADDRESS:** One National Life Dr  
Montpelier, VT 05633-5001

**AUTHORITY**

5 V.S.A. § 421

**APPLICABLE  
RULES**

Letter of instructions issued on request.

**APPEAL  
PROCESS**

Interested parties may appeal within 30 days of decision



State of Vermont  
**PERMIT AND LICENSE APPLICATION**  
Phone: (802) 828-1735 Fax: (802) 828-3983

**ON – OFF -AIRPORT AERIAL PERMITS**

**Air Show Waiver  
APPLICATION**

1. Name of Applicant:

2. Address:

3. Telephone:  Fax:

4. Who Should We Contact if Necessary?:

How?:

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?:  Yes  No

8. If yes, which airport:

9. Do you hold the required minimum liability insurance to operate from this airport?

Yes  No

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: