VTrans Aviation Event Application

Please download and send a completed version of this form to: Evan.Robinson@vermont.gov

Airport Event Location: _____

Sponsor Name: _____

Sponsor Address: _____

_____   State: _____   Zip Code: _____

_____   Phone: _____

City/Town:

Email:

Event Details:

Event Date(s): _____

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*

VTrans will advise of insurance requirements once the event has been reviewed

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

_____

_____

_____

_____

_____

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_____

Other Participating Organizations:

Type:	Organization Name:	Contact Name / Email:

Form Updated 07-20-2022