



Department of Transportation



APPLICATION FOR COMPASSION FLIGHT WAIVER OF LANDING FEES

NAME OF ORANIZATION/INDIVIDUAL : _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____ CONTACT: _____

PHONE NUMBER: (____) _____ EMAIL: _____

Table with 3 columns: AIRCRAFT REGISTRATION NUMBER, AIRCRAFT WEIGHT, AIRCRAFT MAKE AND MODEL. Contains 4 empty rows.

(List additional aircraft on reverse of this form)

[] New Application [] Renewal Application

Application is for ____/____/20__ through December 31, 20__.

I certify that the registration is for the purposes of charitable patient transport and I hereby request the waiver of normal landing fees at Republic Airport for the sole purposes of charitable air transport of patients for medical assistance or humanitarian purposes. The aircraft, pilot and fuel will be donated and there is no charge to the patient either directly or indirectly, or through insurance.

I understand that the waiver of fees is subject to the approval of the Airport Director and that the application may be subject to verification and audit.

PRINT NAME TITLE

SIGNATURE DATE



Department of Transportation

FOR AIRPORT USE ONLY

APPLICATION IS: APPROVED DISAPPROVED

PRINT NAME

TITLE

SIGNATURE

DATE

Applications are valid for a period not to exceed one year and expire on December 31st of each year. Renewal applications should be filed by December 15th of each year for the following year.

ADDITIONAL AIRCRAFT USED IN CHARTIABLE FLIGHTS FOR THIS ORGANIZATION

AIRCRAFT REGISTRATION NUMBER	AIRCRAFT WEIGHT	AIRCRAFT MAKE AND MODEL

Email both pages of the completed form to: Director@Republicairport.net