



Department of
Transportation



FLIGHT REGISTRATION FOR COMPASSION FLIGHT WAIVER OF LANDING FEES

NAME OF ORGANIZATION/INDIVIDUAL: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____ CONTACT: _____

PHONE NUMBER: (____) _____ EMAIL: _____

AIRCRAFT TAIL NUMBER: _____

DATE OF FLIGHT: _____ SCHEDULED ARRIVAL TIME: _____

NUMBER OF PASSENGERS ON BOARD: _____

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

For each flight that qualifies for charitable waiver, please email the completed form, or the information requested in this form to: Director@Republicairport.net