



PERMIT ATTACHMENT AIRCRAFT DE-ICING

Des Moines Airport Authority
5800 Fleur Dr, Suite 207
Des Moines, IA 50321

SUBMIT WITH PERMIT APPLICATION FORM PER-PUB-00-900

A) DE-ICING OPERATION LOCATION

Reason for Application <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal OR <input type="checkbox"/> Vehicle Changes (Original Permit Number _____)	<input type="checkbox"/> Commercial Operator <input type="checkbox"/> Non-Commercial Operator
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B) DE-ICING OPERATION LOCATION (NEW OR RENEWAL PERMITS)

Describe the Area Where De-Icing Operations will Occur and Attach a Map

C) TYPE OF DE-ICING OPERATION (NEW OR RENEWAL PERMITS)

Describe the Proposed De-Icing Operation Including De-Icing Material Type and Quantity

D) DE-ICING FLUID CONTROL MEASURES (NEW OR RENEWAL PERMITS)

Describe the Proposed Method of De-Icing Fluid Control

E) DE-ICING STORAGE LOCATION (NEW OR RENEWAL PERMITS)

Describe the Proposed Storage Area and Method for De-Icing Fluids

F) DE-ICE TRUCK/EQUIPMENT INFORMATION

#	Equipment Type	Make/Model/Year	Capacity (Gal)	Req. Type	Vehicle Identifier	In-Service Date
1				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
2				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
3				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
4				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
5				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
6				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
7				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
8				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		
9				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add		

10				<input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> Add	
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G) INITIAL DE-ICE TRUCK INSPECTION (COMPLETED BY AIRPORT)

#	Inspection Date	Inspector	Status	Tag Number Issued	Initial	Future Status/Date
1			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
2			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
3			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
4			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
5			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
6			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
7			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
8			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
9			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold
10			<input type="checkbox"/> Issue <input type="checkbox"/> Deny			<input type="checkbox"/> OTS Date: <input type="checkbox"/> Sold

Attached all inspection records to this permit form. Attach OTS/Sold records when they occur.

H) STATEMENT OF COMPLIANCE

My submission of this permit application acknowledges that, if granted a Permit, I will comply with Section 14 of the Rules and Regulations of the Airport. I acknowledge that I have read and fully understand the Rules and Regulations requirements. I will further limit my de-icing operations to those areas approved in the permit issuance. I will notify Airport Operations of type and amounts of de-icing fluid used under this permit.

I) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

THIS ATTACHMENT REQUIRES CONCURRENCE FROM THE FOLLOWING PERSONNEL FOR NON-COMMERCIAL APPLICATIONS ONLY

I) Director of Engineering has reviewed this permit and is concurrence: Director of Engineering _____ Date _____