



AIRPORT PERMIT APPLICATION FORM

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

INFORMATION AND INSTRUCTIONS FOR PERMIT APPLICANTS

The Applicant hereby requests the privilege of providing business activities as defined in the submitted application, and in consideration of this request being granted, agrees to the following:

FEE PAYMENT: The Applicant agrees to pay all applicable fees on time, and all required fees including late fees, interest and penalties without deduction of any kind. Fee listing is available at <https://www.dsmaairport.com/>

PERMIT LIMITATIONS: Any issued Permit may not be assigned or transferred, and is limited to the approved business activity listed on the approved Permit.

INFORMATION CHANGES: The Applicant shall notify the Airport, in writing within fifteen (15) days, of any change to the information provided.

RELEASE OF LIABILITY: The Airport assumes no liability for damage or loss to personal property while operating at Des Moines International Airport.

INDEMNIFICATION: The Applicant and invitees shall indemnify the Airport. As required by the Airport Minimum Standards and Rules and Regulations, Permittee shall endorse all liability insurance policies to include the Airport as an additional insured. Applicant further agrees to waive their insurers' subrogation rights against the Airport, and its Officers, Directors, Board Members, and Employees.

INSURANCE: In most cases the Permittee is required to carry adequate insurance to protect both the Permittee and the Airport against comprehensive public liability and property damage. The terms and limits of the insurance requirements will be based on the risks relative to the Permittee's operation and as specified in the Airport's Minimum Standards and Rules and Regulations. Stated limits are minimums and the Airport reserves the right to increase insurance limits on all permits.

COMPLIANCE WITH THE LAW: The Applicant shall comply with all applicable laws, ordinances, rules and regulations. To view regulations, go to <https://www.dsmaairport.com/>

INCOMPLETE APPLICATIONS: Airport reserves the right to return incomplete applications or request additional information. Applicants are encouraged to review applicable Minimum Standards and Rules and Regulations prior to submitting an application.

COMPLIANCE WITH TERMS AND CONDITIONS: As a condition to approval of the requested Permit, Permittee agrees to abide by the Terms and Conditions as specified in the approved Permit.

ESCORTS: If an escort is required during the term of this Permit, Permittee agrees to pay all escort fees at the rate as currently approved by the Executive Director.

The following two permit types are independent and do not require this PUB-0001 form to be completed.

- Hot Work Permit (PUB-0010)
- Energized Electrical Work Permit (PUB-0014)

Please complete the application according to the following instructions:

- A. Applicant Information: Enter the information as indicated. Please be sure to print legibly and in ink.
- B. Business Information: Check only one box and attach copies of your Iowa business license, corporate or LLC certificate, Articles of Organization or Incorporation (with latest meeting minutes showing officers, current signatory authority), and/or partnership agreement (can be for private or commercial and must show who has signatory authority for the partnership). Businesses need to be registered with the State of Iowa in order to enter into a permit. Mailing address should appear as it will on any final agreements.
- C. Name of Contact Person: Name of local contact person if other than applicant.
- D. Type of Permit Desired: Check the box next to the type of Permit you are requesting.
- E. Description of Services or Activity: Indicate the type of services you will be providing or the types of activities you will be performing.
- F. Vehicles: List any vehicles that will be used to provide services or operations.
- G. Statement of Compliance: Please read this statement carefully before signing the application. This statement indicates that you understand your responsibilities regarding the business activity permit.
- H. Name and Signature: Sign your application and print your name, title, company name, and the date.
- I. Application Checklist: Check attachments to be sure all required items are submitted.
 - a. Attachments for various permit types are available on the Airport website at <https://www.dsmairport.com/> and must be submitted with the application for consideration.

The following permit types **require, in addition to this application PUB-0001**, the specified form attachment # to be **attached** to this application to be processed:

- Commercial Operating (SASO) Permit (PUB-0003)
 - Commercial Facility Use Permit (PUB-0004)
 - Flying Club Permit (PUB-0005)
 - Commercial Vehicle Operator Permit (PUB-0006)
 - Aircraft De-Icing Permit (PUB-0007)
 - Aircraft Fuel Storage Dispensing and Handling Permit (PUB-0008)
 - Taxicab Services Operating Permit (PUB-0009)
 - Expressive Activity Permit (PUB-0011)
 - Airport Equipment Use Permit (PUB-0012)
 - Fuel Truck-Cart Equipment Permit (PUB-0013)
- b. All additional documents required for specific permits must be included with this permit application.



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A) APPLICANT INFORMATION

First Name		Middle Name	Last Name	
Business/Organization Name (If Applicable)				
Mailing Address				
City		State	Zip	
Phone	Fax (If Applicable)		E-Mail Address	
New or Renewal Permit? If renewal include current/prior permit number <input type="checkbox"/> New <input type="checkbox"/> Renewal (Permit Number _____)				

B) BUSINESS INFORMATION

If applicant is a business, indicate which type below and provide documentation as required in the instructions:

Individual Business Corporation Partnership Limited Liability Corporation Government Other _____

Applicant is not a Business (Non-Commercial Applicant)

Are you registered to do business in the State of Iowa? (If Applicable)

Yes No

C) NAME OF CONTACT PERSON

Same as applicant in Section A: (Do Not Complete Section C if Checked)

First Name	Last Name	Title (If Applicable)
Mailing Address		
City	State	Zip
Phone	Fax (If Applicable)	E-Mail Address

D) TYPE OF PERMIT DESIRED

Select one or multiple types of agreement desired under this Permit – include permit attachments as required in instructions if applicable:

COMMERCIAL OPERATING PERMITS (SEE MINIMUM STANDARDS)

Aircraft Airframe and Engine Maintenance and Repair SASO Aircraft Charter and Air Taxi SASO Air Ambulance SASO

Air Cargo SASO Aircraft Lease and Rental SASO Aircraft Sales SASO Aircraft Storage SASO

Avionics, Instruments, or Propeller Repair Station SASO Commercial Skydiving SASO Flight Training SASO

Specialized Commercial Flying Provider SASO – Specify _____

Specialized Commercial Services Provider SASO – Specify _____

Specialized Baggage Ground Handling/Ramp Working/GSE Maintenance Services SASO

Other _____

COMMERCIAL ACTIVITY PERMITS (SEE RULES AND REGULATIONS)

Commercial Facility Use (Movie/TV/Tape/Food Truck/Etc)

Commercial Vehicle Operator – SPECIFY (Fees Per Type and Use)

TNC Courtesy Vehicle Limousine Charter Bus Off-Site Rental Car Operator Car Sharing Taxi

NON-COMMERCIAL PERMITS

Aircraft De-Icing Aircraft Fuel Storage Dispensing and Handling Expressive Activities Flying Club

Airport Equipment Use Fuel Truck-Cart Equipment

E) GENERAL DESCRIPTION OF SERVICES OR ACTIVITY

Generally describe the services or activity you will be providing or performing under this Permit, include maps or diagrams if applicable:

F) AIRSIDE AOA VEHICLES

If applicable, list any vehicles, including fuel vehicles, that will be used to provide the services under this permit within the Airport Movement Area Only (Construction must be marked for all vehicles that are associated with construction projects at the airport) (No TNC/Commercial) (Attach additional pages using Form # PER-PUB-00-901) (Permit Fee of \$10 per vehicle for tenants/\$50 per vehicle for all others):

YEAR	MAKE	MODEL	LICENSE #	Vehicle Permit Type and New or Renewal	Permit Number Issued (Completed by Airport)	Future Status/Date (Completed by Airport)
				<input type="checkbox"/> AOA <input type="checkbox"/> Construction <input type="checkbox"/> New <input type="checkbox"/> Renewal		<input type="checkbox"/> Returned Date: <input type="checkbox"/> Revoked
				<input type="checkbox"/> AOA <input type="checkbox"/> Construction <input type="checkbox"/> New <input type="checkbox"/> Renewal		<input type="checkbox"/> Returned Date: <input type="checkbox"/> Revoked
				<input type="checkbox"/> AOA <input type="checkbox"/> Construction <input type="checkbox"/> New <input type="checkbox"/> Renewal		<input type="checkbox"/> Returned Date: <input type="checkbox"/> Revoked
				<input type="checkbox"/> AOA <input type="checkbox"/> Construction <input type="checkbox"/> New <input type="checkbox"/> Renewal		<input type="checkbox"/> Returned Date: <input type="checkbox"/> Revoked

G) STATEMENT OF COMPLIANCE

My signature below acknowledges that, if granted a Permit, I assume full control and sole responsibility for my activities and the activities of myself, my personnel, employees, agents, contractors, and guests, including compliance with the terms of the granted Permit and all applicable requirements of rules and standards and regulations in effect during the term of the granted Permit, including those relating to the granting of privileges at the Des Moines International Airport. I further acknowledge all information submitted, including required attachments, are to my knowledge true and accurate. My signature acknowledges any additional statements on attached permit forms as applicable.

H) NAME AND SIGNATURE

Name	Title	Date
Signature		

I) APPLICATION CHECKLIST

BEFORE SUBMITTING YOUR APPLICATION – HAVE YOU?
 FULLY COMPLETED AND SIGNED THIS APPLICATION
 ATTACHED ANY REQUIRED DOCUMENTS SUCH AS BUSINESS LICENSE OR
 ATTACHED ANY OF THE REQUIRED ADDITIONAL PERMIT ATTACHMENTS

J) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

Attach to this completed form any included permit attachments, supporting documents, and the issued terms and conditions under this permit. Insert permit number at the top of the permit terms and conditions issued to applicant.

I) Applicants information completed and correct to best of knowledge by _____ on _____

II) Copy of required documents received and verified by _____ on _____ Includes Atch # _____

III) FEE PAYMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	IV) Permit Type:	
Amount \$ _____	Permit Issuance No:	_____ - _____ - _____
<input type="checkbox"/> Cash <input type="checkbox"/> Card	V) Permit Issued By Initial/Date:	
<input type="checkbox"/> Check # _____	Permit Expiration Date:	
<input type="checkbox"/> Bill Account _____		

VI) CHECKLIST PER SOP-OPS-21-016	VII) SPECIAL PERMIT REQUIREMENTS:
<input type="checkbox"/> Initial Review Initial _____ Date _____	
<input type="checkbox"/> Final Review Initial _____ Date _____	
<input type="checkbox"/> AOA Entry Initial _____ Date _____	
<input type="checkbox"/> Denied Initial _____ Date _____	