

PERMIT ATTACHMENT FUEL TRUCK-CART EQUIPMENT

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

SUBMIT WITH PERMIT APPLICATION FORM PUB-0001

A) APPLICANT INFORMATION									
	Fueler Authorization Type	Fuel Safe	Fuel Safety Training Program in Place (Provide a Copy) Section 1. Yes Section No.			Spill Procedures Plan/Supplies in Place (Provide a Copy) ☐ Yes ☐ No			
	☐ Lease Agreement ☐ New Permit								
	☐ Existing Permit #								
<u>5)</u>	B) FUEL TRUCK/EQUIPMENT INFORMATION								
			Capacity (Gal)	Fuel Type	Req. Type	Vehicle Identifie	r In-Servi Date	ice	
1	1			□100LL □Jet A	□New □Renew		Butt		
2	2			☐MoGas ☐100LL ☐Jet A	□New □Renew				
L				MoGas					
3	3			□ 100LL □ Jet A □ MoGas	□New □Renew				
4	4			☐ 100LL ☐ Jet A ☐ MoGas	□New □Renew				
5	5			□100LL □Jet A	□New □Renew				
6	6			☐MoGas ☐100LL ☐Jet A	□New □Renew				
Ļ	7			☐MoGas	□New				
'	,			□Jet A □MoGas	Renew				
8	8			☐ 100LL ☐ Jet A ☐ MoGas	□New □Renew				
	INITIAL FUEL TRUCK INS	PECTION (COMP	PLETED BY		T)				
É	# Inspection Date Inspector		Statu		mber Issued	Initial	Future Status/Da	ate	
1	1		□Iss □De				☐ OTS Date:		
2	2		□Iss □De	ny			☐ OTS Date:		
3	3		□Iss □De	ny			OTS Date:		
	4			ny			OTS Date:		
	5		□De	ny			☐ Sold		
			□De	ny			□ Sold		
			□De	ny			□ Sold		
8	8		☐ Iss				☐ OTS Date:		
5	4		□ De □ Iss □ De	ny ue ny			□ Sold □ OTS Date: □ Sold		