



PERMIT ATTACHMENT

NON-COMMERCIAL AIRCRAFT FUEL STORAGE DISPENSING AND HANDLING

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

SUBMIT WITH PERMIT APPLICATION FORM PUB-0001

A) FUELING AREA/OPERATIONAL INFORMATION

T-Hangar Number(s)/Hangar Address(s)	
Reason for Application	
<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal - Original Permit Number _____	
Include a Map of the Area Where Fueling Operation is Requested <input type="checkbox"/> Attached	Type of Fueling Operation <input type="checkbox"/> Jet-A <input type="checkbox"/> 100LL <input type="checkbox"/> MoGas <input type="checkbox"/> Other _____
Number of Hours Flown in Each of the Previous Three Years Year 1 _____ Year 2 _____ Year 3 _____	Number of Gallons of Fuel Used in Each of the Previous Three Years Year 1 _____ Year 2 _____ Year 3 _____
Type of Self-Fueling Equipment Proposed (if mobile selected, also complete form PER-PUB-0013) <input type="checkbox"/> Mobile <input type="checkbox"/> Fixed <input type="checkbox"/> Other _____	Size of Tank(s) Proposed
Describe Your Proposed Fueling Operation	
Describe Your Fueling Training Program and Attach a Copy of your Fueling Procedures Manual	

B) AIRCRAFT INFORMATION

	Aircraft Type/Model	Passenger Size	Tank Size	Engine Consumption Rate
1				
2				
3				
4				
5				
6				

C) INSURANCE INFORMATION

Insurance Carrier Name	Insurance Carrier Contact Name/Number	Insurance Policy Number
Describe Limits (Certificate of Insurance with Airport Listed as Additionally Insured Will be Required)		

(D) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

THIS ATTACHMENT REQUIRES CONCURRENCE FROM THE FOLLOWING PERSONNEL	
I) <input type="checkbox"/> Director of Engineering has reviewed this permit and is concurrence: Director of Engineering _____	Date _____
II) <input type="checkbox"/> ARFF has reviewed this permit and is concurrence: ARFF Chief _____	Date _____