

ITEMS 9 THROUGH 14 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.

9. The air event will be sponsored by:

10. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
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11. Policing *(Describe provisions to be made for policing the event.)*

12. Emergency facilities *(Mark all that will be available at time and place of air event.)*

Physician Fire truck Other - Specify _____
 Ambulance Crash wagon _____

13. Air Traffic control *(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)*

14. Schedule of Events *(include arrival and departure of scheduled aircraft and other periods the airport may be open.)*

Hour (a)	Date (b)	Event (c)

If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.



The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.

15. Certification - I CERTIFY that the foregoing statements are true.

Date	Signature of Applicant
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Remarks