

APPENDIX C

APPLICATION FOR TEMPORARY CASP PERMIT

All persons who desire to establish a Temporary CASP operation to provide aviation-related services at the Springfield-Robertson County Airport must submit an application to do so with the Airport Manager and receive approval prior to commencing any business activity(ies) within the boundaries of the Airport.

DIRECTIONS. Complete each item on this form as thoroughly and accurate as possible. When necessary, attach additional explanatory materials. Let it be known and understood, the Airport Manager reserves the right to request additional information and supporting material as deemed necessary to satisfy prerequisites for approval.

1. APPLICANT INFORMATION

Applicant Name

As it shall appear on documents

Intended Status of Operations

<input type="checkbox"/>	Sole proprietorship/individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Limited Liability Company (LLC)	<input type="checkbox"/>	Joint Venture		
<input type="checkbox"/>	Other (explain) _____				

Street Address <small>As it shall appear on documents</small>					
City		State		Zip Code	
Phone Number		Alternate Number			
Fax Number		Email Address			
Billing Address <small>Check here if same as Address above <input type="checkbox"/></small>					
City		State		Zip Code	
Contact Name and Title		EIN Number			
Phone Number		Alternate Number			
Fax Number		Email Address			

BUSINESS OWNERSHIP INFORMATION

Owner _____ Phone Number _____
 Street _____
 Address _____
 City _____ State _____ Zip Code _____
 EIN _____ Insurance _____ Insurance _____
 Number: _____ Company: _____ Number: _____

2. PROPOSED BUSINESS

A. **TYPE OF SERVICE** Check all activities/operations proposed to be conducted. Please refer to the Springfield-Robertson County Minimum Standards

Aircraft Support Services		Flight Operations		On-Demand Flying Services	
<input type="checkbox"/>	Aircraft Storage	<input type="checkbox"/>	Air Carrier Operations	<input type="checkbox"/>	Aircraft rental to the public
<input type="checkbox"/>	Aircraft Painting	<input type="checkbox"/>	Air Taxi Operations	<input type="checkbox"/>	Flight School
<input type="checkbox"/>	Aircraft Maintenance (major, minor and/or mobile)	<input type="checkbox"/>	Transportation of Cargo	<input type="checkbox"/>	Ground school or Flight Examiner
<input type="checkbox"/>	Repair or reconditioning of used aircraft	<input type="checkbox"/>	Transportation of Mail	<input type="checkbox"/>	Aerial operations (ie. crop dusting)
<input type="checkbox"/>	Aircraft parts sales	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	Corporate Flight Department
<input type="checkbox"/>	Avionics sales, repair and/or installation			<input type="checkbox"/>	Aircraft charter for any purpose
<input type="checkbox"/>	Aircraft sales, leasing, and/or brokerage			<input type="checkbox"/>	Aerial advertising
<input type="checkbox"/>	Sale of aeronautical items and/or supplies (charts etc)			<input type="checkbox"/>	Aerial photography or survey
<input type="checkbox"/>	Aircraft Management			<input type="checkbox"/>	Sightseeing flights
<input type="checkbox"/>	Aircraft Detailing			<input type="checkbox"/>	
<input type="checkbox"/>	Other (specify below)			<input type="checkbox"/>	Other (specify below)

If 'Other' is checked above provide specifications here. _____

3. PERMIT DURATION

Duration: _____
 Date From/Date To _____

Time: _____

Location: _____ Tenant Name: _____

4. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

The applicant(s) hereby acknowledge that any business endeavor operated within the premise of the Springfield-Robertson County Airport must receive approval and be permitted prior to its commencement. Any expenditures and/or commitments made by the applicant(s) prior to receipt of approval and a permit by the Airport Board is at the sole risk of the applicant(s).

The applicant(s) hereby attest that this temporary application is complete and accurate and respectfully request the Airport Manager consider all therein and to grant approval and permission to perform the specified aeronautical activity(ies) at the Springfield-Robertson County Airport.

Title		Date	
Applicant Signature			
Printed Name			

Staff Use Only

Application, Insurance and Permit reviewed by:

Airport Manager: _____

Signature: _____ **Date:** _____