

Department of Aviation Activity Permit Application

DALLAS LOVE FIELD AIRPORT []
 DALLAS EXECUTIVE AIRPORT []
 DALLAS HELIPORT []

Date _____

Allow 7 working days to process Activity Permit Application

Organization Name:	
Address:	City, State, Zip:
Work Phone:	Cell Phone:
Fax:	Pager:
Email Address:	
Contact(s):	Phone, Cell, Pager
Onsite Contact(s):	Phone, Cell, Pager
Emergency Contact(s):	
Organization Type:	Non-Profit [] For Profit [] GOV []
	Corp [] Other []
Scout yes [] no []	What Company:

Activity Permit Description

Charity Event Commercial Filming Filming Distribute Literature Documentary
 Historical Picketing Soliciting Still Photography Survey
 Tour Welcome/Greet Convention participants Other _____

Activity Schedule

Filming Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
#of participants							

An escort(s) is required for all activity in the, Restricted, Sterile, RAMP or SIDA areas – NO EXCEPTIONS

Proposed Activity (not to exceed 30days) Date(s) and Time(s)

From	To
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Proposed Location Desired (be specific) – Where exactly at airport?

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Detailed Description of Proposed Activity - How many people? Doing what specifically?

Insurance Provided Yes [] No [] (Not needed for tours*)

Name of Insurance Company

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I hereby submit this application to conduct the above referenced AVIATION ACTIVITY at the City of Dallas Airport/Heliport herein named. I certify that I am familiar with and will comply with the terms and conditions governing such activity as set forth by the Department of Aviation and the City of Dallas. I further submit that I will comply with and adhere to any FAA/TSA Regulations and Guidelines regarding any activities conducted on any portion of Aviation property(ies).

*All tours beyond the Security Checkpoint will need escorts; therefore, all participants must be listed and must have a copy of their photo identification on file before the tour.

Signature

Title

Email completed application to AVIActivityPermits@dallascityhall.com. For any questions or concerns, please call (214) 671-9416.

FOR DEPARTMENT OF AVIATION USE ONLY

Aviation Activity Permit No. _____

_____ Request Approved from _____ to _____
Date Date

Request Denied. Reason(s) for denial: _____

Fee Charged	Fee Paid
Balance Due	

Director or Assistant Director
Department of Aviation

Date _____