

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 <input type="checkbox"/> For Profit <input type="checkbox"/> GOV <input type="checkbox"/> Corp <input type="checkbox"/> Other <input type="checkbox"/>
Scout yes <input type="checkbox"/> no <input type="checkbox"/>	What Company:

Activity Permit Description

- | | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Charity Event | <input type="checkbox"/> Commercial Filming | <input type="checkbox"/> Filming | <input type="checkbox"/> Distribute Literature |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Historical | <input type="checkbox"/> Picketing | <input type="checkbox"/> Soliciting |
| <input type="checkbox"/> Still Photography participants | <input type="checkbox"/> Survey | <input type="checkbox"/> Tour | <input type="checkbox"/> Welcome/Greet Convention |
| <input type="checkbox"/> 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 30 days) Date(s) and Time(s)

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

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

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

Name of Insurance Company

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 application to Sheneice.hughes@dallascityhall.com or mail it to Dallas Love Field Airport; 8008 Herb Kelleher Way LB16; Dallas, TX 75235 in c/o Sheneice Hughes.

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 _____