



Department of Aviation Activity Permit Application

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

Date _____

*Allow 7 business days to process the Activity Permit Application
This application will be processed once all required materials are submitted*

Organization Name: _____

Address: _____

City, State, Zip: _____

Work Phone:	Fax:	Cell Phone:

Email Address: _____

Contact(s): _____ Phone [] Cell [] _____

Onsite Contact(s): _____ Phone [] Cell [] _____

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

Activity 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: _____

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 _____



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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@dallas.gov. For any questions or concerns, please email your concerns to the email address above.

FOR DEPARTMENT OF AVIATION USE ONLY

Aviation Activity Permit No. _____

_____ Request Approved from _____ to _____
Date Date

Request Denied. Reason(s) for denial: _____

Fee Charged	Balance Due	Fee Paid
\$	\$	\$

Director or Assistant Director
Department of Aviation

Date _____