



PERMIT

2850 Airport Road
La Crosse, WI 54603
(608) 789-7464

AERIAL APPLICATOR PERMIT

A) THIS SECTION TO BE COMPLETED BY APPLICANT IN INK

Legal Last Name		Legal First Name		Legal Middle Name	
Company Name					
Current Mailing Address					
City			State		Zip
Daytime Phone		E-Mail Address		E-Mail Address	
Current AOA Badge Number		Owned Hangar Address or Authorized Commercial Operator			
Description of Proposed Operation					
Reason For Application?		<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal Permit: Original Permit Number _____			
Pilot Certificate Type		Copy Included With Application		Pilots License Number	
		<input type="checkbox"/> Yes			
Insurance Provider		Insurance Limits			

B) PERMIT ASSURANCES

As a permitted Aerial Applicator at the La Crosse Regional Airport, I agree to indemnify and save harmless and assume the defense of the City of La Crosse (City), its agents, employees, and officials, from and against any and all liabilities, damages, expenses, causes of action, suits, claims or judgments; and to pay all attorneys' fees, court costs, and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its agents, employees or officials by reason of or on account of damages to the property of, injury to, or death of, any person arising from my independent flight instruction activity at the La Crosse Regional Airport, including acts of omission on my part.

I further assure that I will maintain at all times adequate public liability and property damage insurance in sufficient amounts as hereinafter promulgated by the State of Wisconsin to protect my Aerial Applicator Operation and the City from legal liabilities resulting from this activity. I will provide the City of La Crosse a certificate of insurance listing the City of La Crosse as additionally insured without demand and prior to commencing activities under this permit. During the course of conducting Aerial Applicator activities as stipulated by this permit I will ensure that all federal, state, and local statutes, rules, and regulations shall be complied with at all times.

I further assure that I have reviewed and agree to abide by the Airport's Spill Prevention or Countermeasure Plan and will not conduct aerial agricultural operations for a period of greater than 5 days per month.

It is agreed and understood that any violation of the standards of this permit may result in its revocation and the City of La Crosse reserves the right to terminate this permit at any time for any reason.

Name of Applicant (Print)		Signature of Applicant		Date
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C) PERMIT VALIDITY

Issued permits are valid for a period of 12 calendar months from the date of issuance. Permit holder is responsible to submitting a renewal application within 1 calendar month prior to the permit expiration. Non-renewed permits shall be voided and all privileges provided thereunder shall immediately cease.

D) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

Application Process Completed			Date
Applicants information completed and correct to best of knowledge			
Copy of pilots license provided and verified			
Signatures completed			
SPCC Plan Provided to Applicant and Reviewed			
Application fee paid and payment submitted to airport administration office: Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Bill Account _____	<input type="checkbox"/> New permit \$250.00		
	<input type="checkbox"/> Renewal permit \$200.00		
Insurance certificate provided: Certificate Number _____			
Permit Issued	<input type="checkbox"/> Yes By _____		
	<input type="checkbox"/> No By _____		
PROVIDE A COPY OF THE COMPLETED PERMIT INCLUDING PERMIT NUMBER TO APPLICANT AS CERTIFICATION OF PERMIT ISSUANCE			
Permit Number			
Permit Valid From		Permit Valid To	
Permit Terminated On		Permit Terminated By	