



Rhode Island Airport Corporation

DEMONSTRATION PARACHUTE JUMP APPLICATION

Please complete all shaded areas and submit this completed form, along with the required documentation, to: G.A. Records Administrator, R.I. Airport Corporation, 2000 Post Road, Warwick RI 02886 (401.691.2206) at least seven (7) days prior to the proposed jump. You will be notified once a decision has been reached.

APPLICANT

Name: Address: Contact Information:

Applicant's Signature: Date:

I, hereby request permission for the following exhibition parachute jump(s):

Date: Time: AM / PM to AM / PM

Location :

Describe the site completely; attach a diagram of the site.

Describe plans for crowd control.

JUMPMASTER:

Table with columns: Name, Address, License No., No. of Previous Jumps

INSURANCE (A copy of the Insurance Certificate must be submitted with this Application.)

Table with columns: Named Insured, Insurance Provider, Policy Number

Note: If the jump is held at an airport that is operated by the Rhode Island Airport Corporation, the Rhode Island Airport Corporation (RIAC), the State of Rhode Island and the Airport Manager must be named as additional insureds.

PARACHUTISTS:

Table with columns: Name, Address, License No., No. of Previous Jumps



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REASON FOR DEMO JUMP(S) [air show, etc.]

Two horizontal input fields for Reason for Demo Jump(s).

AIRCRAFT (provide information for all aircraft that will be used):

Form for Aircraft information with fields: Aircraft Make, Model, "N" Number, Owner, Address.

INSURANCE: (A copy of the Insurance Certificate must be submitted with this Application.)

Form for Insurance information with fields: Named Insured, Insurance Provider, Policy Number, Type of Insurance, Insurance Limits, Expiration.

Note: A copy of the Insurance Certificate must accompany this Application. The Rhode Island Airport Corporation (RIAC) and the State of Rhode Island must be named as additional insureds. If the activity is held at an airport that is operated by RIAC, the Airport Manager must be named as an additional insured.

Form for Aircraft information with fields: Aircraft Make, Model, FAA "N" Number, Owner, Address.

INSURANCE (A copy of the Insurance Certificate must be submitted with this Application.)

Form for Insurance information with fields: Named Insured, Insurance Provider, Policy Number, Type of Insurance, Insurance Limits, Expiration.

Note: A copy of the Insurance Certificate must accompany this Application. The Rhode Island Airport Corporation (RIAC) and the State of Rhode Island must be named as additional insureds. If the activity is held at an airport that is operated by RIAC, the Airport Manager must be named as an additional insured.

PILOT INFORMATION (provide information for all pilots who will be flying):

Form for Pilot Name, Address, Contact Information.

Form for Commercial Pilot's License No., Date of Issuance, Renewal Date.

Insurance (A copy of the Liability Insurance Certificate must accompany this Application.)

Form for Insurance information with fields: Named Insured, Insurance Provider, Policy Number, Type of Insurance, Insurance Limits, Expiration.

Note: A copy of the Insurance Certificate must accompany this Application. The Rhode Island Airport Corporation (RIAC) and the State of Rhode Island must be named as additional insureds. If the activity is held at an airport that is operated by RIAC, the Airport Manager must be named as an additional insured.



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**PILOT INFORMATION:**

<u>Name</u>	<u>Address</u>	<u>Contact Information</u>
_____	_____	_____
<u>Commercial Pilot's License No.</u>	<u>Date of Issuance</u>	<u>Renewal Date</u>
_____	_____	_____
<b>Insurance</b> <i>(A copy of the Liability Insurance Certificate must accompany this Application)</i>		
<u>Named Insured</u>	<u>Insurance Provider</u>	<u>Policy Number</u>
_____	_____	_____
<u>Type of Insurance</u>	<u>Insurance Limits</u>	<u>Expiration</u>
_____	_____	_____

*Note: A copy of the Insurance Certificate must accompany this Application. The Rhode Island Airport Corporation (RIAC) and the State of Rhode Island must be named as additional insureds. If the activity is held at an airport that is operated by RIAC, the Airport Manager must be named as an additional insured.*

**PROPERTY OWNER OR OPERATOR GRANTING PERMISSION TO USE PROPERTY**

<u>Name</u>	<u>Address</u>	<u>Contact Information</u>
_____	_____	_____
<b><u>PROPERTY INSURANCE</u></b> <i>(A copy of the Liability Insurance Certificate must accompany this Application.)</i>		
<u>Named Insured</u>	<u>Insurance Provider</u>	<u>Policy Number</u>
_____	_____	_____
<u>Type of Insurance</u>	<u>Insurance Limits</u>	<u>Expiration</u>
_____	_____	_____

*Note: If the jump is held at an airport that is operated by the Rhode Island Airport Corporation, the Rhode Island Airport Corporation (RIAC), the State of Rhode Island and the Airport Manager must be named as additional insureds.*

**I authorize this activity to take place on property owned or controlled by me:**

<u>Property Owner / Operator</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____

**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

In \_\_\_\_\_ (city), \_\_\_\_\_ (state) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_, Owner / Operator of the property / business described herein, to me known and known by me to be the party executing the foregoing instrument, and he / she acknowledged said instrument, by him / her executed, to be his / her free act and deed.

_____	_____	_____
Printed Name of Notary	Signature of Notary	Commission Expiration



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**AERONAUTICS INSPECTOR'S APPROVAL / DENIAL**

*The following restrictions are hereby imposed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I approve*  *I do not approve the planned parachute jump that is scheduled for* \_\_\_\_\_

Aeronautics Inspector

Signature

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** *Skydiving activities conducted at T.F. Green State Airport must be coordinated with FAA Air Traffic Control. Approval must be obtained from FAA Air Traffic Control and submitted with this form. Please contact the Aeronautics Inspector for further information.*

**All skydiving activities and flights must be conducted in compliance with the following: FAA requirements, as set forth and referenced in 14 CFR 105 (Federal Aviation Regulations); FAA Advisory Circulars; Aeronautics Regulations as promulgated by the Rhode Island Airport Corporation (RIAC), as may be amended; and all requirements established in the Skydiving Information Manual ("SIM") promulgated by the United States Parachute Association.**