



Rhode Island Airport Corporation

Initial Application
Annual Renewal

REQUEST TO ESTABLISH A SKYDIVING / PARACHUTING JUMP CENTER

Please complete all shaded areas; return this document, along with the required fee, to the G.A. Records Administrator, R.I. Airport Corporation, 2000 Post Road, Warwick RI 02886; (401) 691-2206

Owner

Operator / Manager (if other than Owner)

Name (print):
Address 1:
Address 2:
City, State, Zip:
Contact Number:
Email Address: (optional)

Name (print):
Address 1:
Address 2:
City, State, Zip:
Contact Number:
Email Address: (optional)

Note: All businesses operating in the state of Rhode Island must conform to applicable Rhode Island General Laws as well as all standards as set forth by the Rhode Island Division of Taxation. If your business is a partnership or corporation, attach data on all officers and corporation / partnership.

LOCATION OF SKYDIVING / PARACHUTING JUMP CENTER:

Name of Area:
Type of Area:
Elevation above mean sea level (msl):
Nearest Public Airport:
Distance to Nearest Public Airport:
Address of Area:
Location (City/Town):
Latitude-N
Longitude-W

SKYDIVING/PARACHUTING JUMPCENTER INSURANCE: (Attach a copy of Insurance Certificate to this Application)

Named Insured
Insurance Provider
Policy Number
Type of Insurance
Insurance Limits
Expiration

Note: Rhode Island Airport Corporation (RIAC), the State of Rhode Island and the Airport Manager must be named as additional insureds. A Lease Agreement shall be required for all such uses of airport land.

DROP ZONE (DZ) INFORMATION:

Name of DZ:
Address of Area:
Location (City/Town):

Who will have day-to-day operational control of DZ?

BSR Waivers Required? Yes No

If so, please describe:



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DZ INSURANCE (attach a copy of Insurance Certificate to this Application):

Named Insured, Insurance Provider, Policy Number, Type of Insurance, Insurance Limits, Expiration

Note: When Skydiving/Parachuting operations occur where jumpers land (as defined in the Lease Agreement, on the airport/area where jumps occur, the Rhode Island Airport Corporation (RIAC) the State of Rhode Island and the Airport Manager must be named as additional insureds. A Lease Agreement shall be required for all such uses of airport land.

Is there an emergency response plan in place? Yes No Please attach a copy.

SUPERVISING RIGGER FOR PACKING:

Name, Address, Certificate No. / Rating

INSTRUCTOR:

Name, Address, Contact Information, License No., Approx. No. of Jumps, Instruction Rating

PILOT INFORMATION (provide information for all pilots who will be participating; use additional forms if necessary):

Name, Address, Contact Information

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

Insurance: (attach a copy of Insurance Certificate to this Application)

Named Insured, Insurance Provider, Policy Number, Type of Insurance, Insurance Limits, Expiration

Note: When aircraft operations occur on the airport where jumpers land (as defined in the Lease Agreement), the Rhode Island Airport Corporation (RIAC), the State of Rhode Island and the Airport Manager must be named as additional insureds. A Lease Agreement shall be required for all such uses of airport land.

Name, Address, Contact Information

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

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<input type="checkbox"/> Initial Application
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**AIRCRAFT** (provide information for all aircraft that will be flying):

<u>Aircraft Make</u>	<u>Model</u>	<u>FAA "N" Number</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Owner</u>	<u>Address</u>	
<input type="text"/>	<input type="text"/>	

**INSURANCE:** (Attach a copy of Insurance Certificate to this Application)

<u>Named Insured</u>	<u>Insurance Provider</u>	<u>Policy Number</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Type of Insurance</u>	<u>Insurance Limits</u>	<u>Expiration</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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<u>Owner</u>	<u>Address</u>	
<input type="text"/>	<input type="text"/>	

**INSURANCE:** (Attach a copy of Insurance Certificate to this Application)

<u>Named Insured</u>	<u>Insurance Provider</u>	<u>Policy Number</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Type of Insurance</u>	<u>Insurance Limits</u>	<u>Expiration</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** When aircraft operations occur on the airport where jumpers land (as defined in the Lease Agreement), the Rhode Island Airport Corporation (RIAC), the State of Rhode Island and the Airport Manager must be named as additional insureds. A Lease Agreement shall be required for all such uses of airport land.

**REQUIRED DOCUMENTS**

Copies of the following documents must be submitted with this Request before an Operating Certificate will be issued:

- R.I. Business License; Partnership/Corporation Information
- Copy of Emergency Response Plan
- Insurance Certificates (Skydiving/Parachuting Jump Center, DZ, pilot, aircraft)

**The Applicant shall notify the Aeronautics Inspector in writing within fifteen (15) days of any change to the information provided on this form.**

All skydiving / parachuting activities and flights must be conducted in compliance with the following: FAA requirements, as set forth and referenced in 14 CFR Part 105, as may be amended; FAA Advisory Circulars; Transportation Security Act and the rules, regulations, and guidance promulgated pursuant thereto, including School Awareness Security Training set forth in 49 CFR Part 1550, as may be amended; Aeronautics Regulations and Operations Directives promulgated by the Rhode Island Airport Corporation (RIAC), as may be amended; and all requirements established by the U.S. Parachute Association and in the U.S. Parachute Association Skydiving Information Manual ("SIM"), as may be amended.



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I hereby certify that the information provided herein is true and correct to the best of my knowledge.

Printed Name of Owner, Owner's Signature, Date, Printed Name of Manager / Operator, Manager / Operator's Signature, Date

NOTARY ACKNOWLEDGEMENT

State of

County of

In (city), (state) on the day of, 20 before me personally appeared, Owner / Manager / Operator of the property 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 Notary Name, 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 skydiving / parachuting jump center.

Aeronautics Inspector, Signature

Date Inspected: Date Approved:

FEE:

The following fee shall accompany this Application: \$100.00

FOR OFFICE USE ONLY
Permit No.
Date Permit Issued:
Expiration Date:
Check No. / Date:
Amount Received: