



HELICOPTER OPERATIONS PERMIT



		DATE	
NAME OF HELICOPTER OWNER (IF CORPORATION, OWNER OR CEO)			
ADDRESS		TELEPHONE NUMBER	
HELICOPTER TYPE			
AIRCRAFT REGISTRATION NUMBER			
PILOTS NAME			
PILOTS ADDRESS			
OPERATION INFORMATION			
DATE OF OPERATION		HOURS OF OPERATION	
TYPE OF OPERATION			
LOCATION OF OPERATION			
OWNER OF PROPERTY			
SIGNATURE OF PROPERTY OWNER			
FAA OFFICIAL NOTIFIED OF OPERATION			

NOTE: A certificate of liability insurance must be attached to his application.

APPROVAL

THE CITY OF CHESTERFIELD HEREBY GRANTS PERMISSION FOR THE ABOVE DESCRIBED OPERATION. THIS PERMIT IS NOT TRANSFERRABLE NOR DOES IT PLACE ANY LIABILITY ON THE CITY OF CHESTERFIELD FOR THE OPERATION OF THE HELICOPTER.

ALL HELICOPTER OPERATIONS COVERED UNDER THIS PERMIT MUST OPERATE WITHIN FEDERAL AVIATION AGENCY REGULATIONS.

Signed: _____
Chief of Police

Date: _____