

TRANSIENT SERVICE OPERATOR PERMIT APPLICATION

Permittee Name: _____

Address: _____

Business #: _____ Other #: _____ Email _____

Description of Services: _____

Aircraft Information:

Tail Number: _____ Type: _____ Owner: _____

Location of Services: _____

A separate application is required for each repair occurrence.

Permit Fees:

Piston Engine - \$250 Turbo Prop Engine - \$500 Turbine Engine - \$750

The following information must accompany this application:

- Copy of applicable Service Operators Certifications
- Certificate of Insurance naming the City of Lebanon as an additional insured

Please read the following carefully before signing.

I acknowledge receiving a copy of the Lebanon Municipal Airport Rules and Regulations. I further understand and shall comply with said rules. I also certify that I have read and understand the application and that all the information presented is true and accurate. I realize that any misrepresentation in this information or failure to comply with ordinances in the City of Lebanon and Lebanon Municipal Airport may result in the immediate suspension or revocation of the permit and revoked access to the Airport.

Applicant Authorized Signature

Date

Applicant Printed Name & Title

Please send completed application package to: airport.manager@lebanonnh.gov or deliver to 5 Airpark Road, West Lebanon, NH 03784.

AIRPORT USE ONLY

APPLICATION RECEIVED:	FEE RECEIVED:	ISSUED BY:
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