



COLD LAKE AERODROME FUEL INCENTIVE APPLICATION FORM

APPLICANT INFORMATION		
Applicant Name:		Application Date:
Address:		City: Province:
Postal Code:	Phone #:	Cell/Alternate #:
Email:		

FUEL TANK LOCATION
Aerodrome Address: Legal: SW-29-63-2-W4M; 792 1554 Rural Serviceable Address: 63407 Range Road 425

<input type="checkbox"/> COLD LAKE BASED LAND LEASE		
<input type="checkbox"/> Land Lease <input type="checkbox"/> Subtenant Lease	Lot:	
Aircraft Call # / Tail # (s):	Type of Fuel Required: <input type="checkbox"/> AV GAS <input type="checkbox"/> JET A	
Length of Lease/Sublease:	Lease Start Date:	Lease End Date:

<input type="checkbox"/> COLD LAKE BASED TIE DOWN LEASE		
Lot:		
Aircraft Call # / Tail # (s):	Type of Fuel Required: <input type="checkbox"/> AV GAS <input type="checkbox"/> JET A	
Length of Lease:	Lease Start Date:	Lease End Date:

<input type="checkbox"/> COLD LAKE BASED - OTHER		
Where is the Aircraft being stored:	How long is the aircraft store at this location: <input type="checkbox"/> Permanently <input type="checkbox"/> _____ month in a year	
<input type="checkbox"/> I own the area where the aircraft is stored		
<input type="checkbox"/> I lease the area where the aircraft is stored	Lease Start Date:	Lease End Date:
Distance from Cold Lake:	Alternative Fueling Location:	

Fuel Incentive Upon Approval Required Five (5) Business Days for Processing

I/ we hereby declare I/we have reviewed and understand the conditions/terms of the City of Cold Lake Aerodrome Lease Policy 143-OP-12; and the City of Cold Lake Aerodrome User Policy 144-OP-12 and that the fueling incentive is a subject to change at the discretion of the City of Cold Lake. I/ we understand that the incentive may be discontinued if I/we are no longer Cold Lake based or if we are not in good standings as per the policies noted above. I/we further declare that I/we will notify the City of Cold Lake Airport Authority/ Manager of any information change to this application.

Date signed:	Print name:	Signature of Applicant:
Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> LAST 4 DIGITS of Credit Card that will be used for fuel purchase:	
Name on the Credit Card:		

Checklist of Submission Requirements

Completed and Signed form

Important Notice:

Aircraft based at Cold Lake Regional Aerodrome will have a \$0.10 incentive on the posted fuel flowage rate but is subject to approval by the Airport Authority/ Manager and may be discontinued at the discretion of the City of Cold Lake.

OFFICE USE ONLY

Date Received:	Received By:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Approval Date:	Signature of Airport Authority/ Manager:	
Processed by:	Process Date:	Account Activation #:

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

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