



### COLD LAKE AERODROME SPECIAL AVIATION USE FORM

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

AVIATION USE DESCRIPTION	
Use Start Date:	Use Completion Date:
Please indicate the type of aviation use:	
<input type="checkbox"/> Parachute or Powered Parachute	<input type="checkbox"/> Parachute or Powered Parachute
<input type="checkbox"/> Formation Take Offs & Landings	<input type="checkbox"/> Balloon Landings and Take-offs
<input type="checkbox"/> Airshows	<input type="checkbox"/> Aerobatics
<input type="checkbox"/> Fly pasts	<input type="checkbox"/> Aerial Spraying Operations

<b>Aviation Use only Permitted if Authorized by the Airport Authority/ Manager</b>		
I/ we hereby declare I/we have reviewed and understand the conditions/terms of the Cold Lake Aerodrome User Policy 144-OP-12 and that the use of the aerodrome as identified in this application will be conducted in accordance with the policies. I/we further declare that I/we will notify the City of Cold Lake Airport Authority/ Manager of any proposed changes to this application.		
Date signed:	Print name:	Signature of Applicant:

<b>Checklist of Submission Requirements</b>
Fields that have an asterisk (*) must be provided. The Airport Authority/ Manager may require additional information if deemed necessary to assess application
<input type="checkbox"/> <b>Completed and Signed form*</b> <input type="checkbox"/> Proof of Insurance
<b>Important Notice:</b> The applicant has no right to use the property until written authorization has been granted by the Airport Authority/ Manager.

OFFICE USE ONLY		
Date Received:	Received By:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Date Written Notice Sent:	Signature of Airport Authority/ Manager:	
NOTAM issued by:	Start Date of NOTAM:	END Date of NOTAM:

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