



KEY WEST INTERNATIONAL AIRPORT

3491 South Roosevelt Boulevard, Key West, Florida 33040

Questions call: (305) 587-3258 / Submit form to: Cohen-Pascal@MonroeCounty-FL.gov

Aeronautics Waiver Request

Request for Authorization of Aircraft Operations at the Key West International Airport (EYW) for aircraft exceeding the published operating weight limit and/or with a wingspan of 118' or greater (Aircraft Design Group IV, V or VI).

Aircraft Operator Name	
Aircraft Operator Address	
Aircraft Operator Phone # & Cell #	
Aircraft Type	
Aircraft Registration – (N number)	
Aircraft Wingspan	
Aircraft Actual Operating Weight	
Dates of Operation	
Proposed Parking / Fueling Location	

Weight Restrictions

S – 75,000 lbs.	D – 125,000 lbs.
2D – 195,000 lbs.	PCN 75 F/A/W/T

Wingspan Restrictions

Airplane Design Group # III - approved	Aircraft with wingspans equal to or greater than 118' must have prior approval.
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Initial below-	Requester must agree and certify to the following terms listed below:
	I certify that I understand this is not blanket authorization for aircraft operations at EYW and only applies to the aircraft named above and is only valid for the date(s) specified and is cancelled if the date(s) and/or aircraft changes. If approved, this does not constitute a change in airport design group and all design standards for the airport remain in place.
	I understand that I enter this agreement at my own risk and agree to be responsible for any resulting damage that the overweight or oversized aircraft may cause.
	Requester agrees to defend, indemnify and hold the COUNTY and the COUNTY's elected and appointed officers and employees harmless from and against (i) any claims, actions or causes of action, (ii) any litigation, administrative proceedings, appellate proceedings, or other proceedings relating to any type of injury (including death), loss, damage, fine, penalty or business interruption, and (iii) any costs or expenses that may be asserted against, initiated with respect to, or sustained by, any party by reason of, or in connection with this grant of waiver except to the extent the claims, actions, causes of action, litigation, proceedings, costs or expenses arise from the intentional or sole negligent acts or omissions of the COUNTY.

STATE OF _____

(Signature of Requester)

Date:

COUNTY OF MONROE

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____ who, after first being sworn by me, (name of individual signing) affixed his/her signature in the space provided above on this _____ day of _____, 20_____.

My commission expires:
NOTARY PUBLIC

AERONAUTICS WAIVER REQUEST IS HEREBY:

APPROVED _____ **NOT APPROVED** _____

Name & Signature: _____

Date: _____