AERONAUTICS	WAIVER REQUEST IS HEREBY:
APPROVED	NOT APPROVED
Name	
Date	

My commission expires \_\_



3491 South Roosevelt Boulevard Key West, Florida 33040

Request for Authorization of Aircraft Oper	ations at the Key West International Airport (EYW) for aircraft exceeding
the published operating weight limit or wi	th a wingspan of 118' or greater (Aircraft Design Group IV, V or VI).
Operator Name	

	Ove	r-Sized Aircraf	t Waiver Request			
Request for Authorization of the published operating weig	-				_	
Operator Name	THE HITTIE OF W	Titli a Willigspan o	1110 Of greater (Affecta	t besign Group IV, V or VIJ.		
Operator Address						
Operator Phone (Mobile)						
Aircraft Type						
Aircraft Registration (N num	her)					
Aircraft Wingspan	1001					
Aircraft Actual Operating W	eight .					
Dates of Operation	CIBITE					
Proposed Parking / Fueling	Location					
Weight Restrictions:						
Single		Dual	Dual-Tandem	PCN		
75,000 lbs.	125	,000 lbs.	195,000 lbs.	75 F/ A/ W/ T		
above, is only valid for does not constitute a constitute a constitute a constitute and a constitute a consti	the date(s) spendage in airport this agreement aircraft may be fend, indemrom and again a proceedings, or business intained by, anyons, causes of	pecified, and is can ort design group ar nent at my own rist cause. hify and hold the Co st (i) any claims, ac or other proceeding terruption, and (iii) party by reason or action, litigation, p	celled if the date(s) and/or nd all design standards for k and agree to be responsi DUNTY and the COUNTY's ctions or causes of action, ings relating to any type of any costs or expenses that f, or in connection with thi	I only applies to the aircraft na aircraft changes. If approved, the airport remain in place. ble for any resulting damage the elected and appointed officers ii) any litigation, administrative injury (including death), loss, t may be asserted against, init is grant of waiver except to the asses arise from the intentional	this nat the and e iated	
Name of Requester  STATE OF		Signature of I	Requester	Date		
COUNTY OF						
PERSONALLY APPEARED BEFORE being sworn by me, day of		affixed h	 nis/her signature in the spa	who, after firs ce provided above on this	t	
Name of Notary	_	(Notary Seal)				

For questions call: (305) 699-9302 | Please submit completed form to: <a href="mailto:hartle-cale@monroecounty-fl.gov">hartle-cale@monroecounty-fl.gov</a>