## PULLMAN-MOSCOW REGIONAL AIRPORT AIRPORT USE REQUEST AND OPERATING PROCEDURES

COMPANY MAKING REQUEST	(OPERATOR)		
BILLING ADDRESS			
ARRIVAL DATE:	TIME: in	_out	
DEPARTURE DATE:	TIME: in	out	
AIRCRAFT TO BE UTILIZED	AIRCRAFT GR	AIRCRAFT GROSS LANDING WEIGHT:	
CONTACT PERSON	EMAIL_		
PHONE #	FAX #		
RETURN FORM TO: tony.bea	n@pullman-wa.gov and alex.aege	erter@pullman-wa.gov or fax:509-334-5217	
OPERATOR AGREES TO:			
Operator will provide airp least 3 hours notice of any 2. CARRY INSURANCE Operator shall carry and m of at least \$2,000,000.00. for aircraft in motion claim 3. ARRANGE GROUND HAND! Operator is responsible for 4. PAY LANDING AND FACILI Operator acknowledges and landing at airport. Landing fees for use of various airp for flights between 0100 a facilities are needed or util 5. COLLECT PFC Operator acknowledges the (\$4.50 per passenger) if applies of the provided of the provid	naintain liability insurance covering property Additionally, operator must carry a combine ms, whether on airport property or in flight in LING  r, and has arranged appropriate ground hands arranged appropriate ground hands arrest to pay to airport a landing fee of \$1 agrees to pay to airport a landing fee of \$1 agrees shall be billed by the Airport through bort facilities if utilized or needed. As indicated a fee will be assessed whether requeste at they are responsible for collecting and subsplicable.  K at they are utilizing the airport at their own representations as published in the Airport Facility, and aircraft & crew capabilities. Further its facilities and structures caused as a result S	It least 2 days prior to anticipated arrival date and will give a notice of any cancellations or date changes.  It damage, death, bodily injury and fire liability with a limit and single limit, bodily injury and property damage coverage in amounts/limits meet1ng FAA requirements.  It is equipment and personnel while at airport.  In the City of Pullman. Furthermore, operator agrees to pay cated below, please note needed/requested services. Note: apply. Furthermore, if during actual operation services or	
county, Latah county, Uni officers harmless against I injuries to or deaths of any or the operators negligent negligence or willful misco I hereby understand noted.	versity of Idaho, and Washington State Univiability, costs and expense arising out of any and all persons arising out of any and all cluse or occupancy of all portions of the airport onduct of the airport, its agents or employees, agree, accept, and will comply with	versity, their agents, governing bodies, employees, and all claims or for loss or damage to property and for laims of any negligent act or omission on the part of operato ort, except a loss, liability or expense caused by the	
ACCEPTED: Signature of a	uthorized agent of Operator	Date:	
The following services/facilities a service/facility needed/requested)	-	noted fees will be assessed (please initial after each	
TERMINAL GATE (\$ 50.00)		RAMP PARKING (FREE)	
TERMINAL PARKING (EREE)	DESIGNATED RAMP ORSERVER (\$25	(00/HR) FIRE SERVICES (FREE)	