



City of Tracy  
333 Civic Center Plaza  
Tracy, CA 95376

PARKS & RECREATION  
DEPARTMENT

MAIN 209.831.6200  
FAX 209.831.6218  
www.ci.tracy.ca.us

**TRACY MUNICIPAL AIRPORT  
APPLICATION FOR COMMERCIAL AVIATION PERMIT**

Name of Business: \_\_\_\_\_

Name and Title of Principal Owner/s:

\_\_\_\_\_  
\_\_\_\_\_

Airport Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business Services: \_\_\_\_\_

Number of persons to be employed: \_\_\_\_\_

List all services to be provided: \_\_\_\_\_

\_\_\_\_\_

City of Tracy Business License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Days per Week and Hours of Operation: \_\_\_\_\_

List all FAA certifications and licenses required to conduct this business:

\_\_\_\_\_

Aircraft to be utilized in course of business (attach separate sheet if needed):

N-Number	Make	Model
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide a statement of need for your proposed operation to the Tracy Municipal Airport and the community: \_\_\_\_\_

**INSURANCE REQUIREMENTS**

The City of Tracy requires minimum general commercial liability/aviation coverage of \$1 million; however, dependent upon the type of business/operation performed under this aviation permit, the City may require increased minimum insurance limits. Each application is subject to review by Risk Management to determine the appropriate limits. An Additional Insured Endorsement naming the City of Tracy as an additional insured is required and must accompany the Certificate of Insurance Coverage.

Upon approval, I acknowledge that I must provide a Certificate of Insurance and an Additional Insured Endorsement naming the City of Tracy as an additional insured. \_\_\_\_\_initial

If the proposed operation includes aircraft rental, sales or flight training, provide a copy of your student/renter insurance disclosure notice as well as evidence that the same notice has been incorporated in any rental agreements.

List all types and amounts of insurance coverage to be maintained for the proposed operation:

\_\_\_\_\_  
\_\_\_\_\_

The applicants hereby request that the City of Tracy consider this application for a **Commercial Aviation Permit (CAP)** by the following date:

\_\_\_\_\_

**HOLD HARMLESS AND INDEMNIFICATION**

\_\_\_\_\_(INDIVIDUAL OR COMPANY NAME) agrees to defend, indemnify and hold the City of Tracy, elected officials, officers, directors, employees, agents and volunteers harmless from and against any and all loss, liability, damage, including reasonable attorney and expert fees and/or court costs, arising out of or in connection with this agreement, except for the gross negligence and willful misconduct of the City of Tracy, its elected officials, officers, directors, employees, agents and volunteers.

To be acknowledged and signed by each principal owner.

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Name Signature Title Date

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Name Signature Title Date

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Name Signature Title Date

For Airport Use Only

**Approvals**

Airport Manager \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

Risk Manager \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

Fee paid on: \_\_\_\_\_ By: \_\_\_\_\_ Permit issued on: \_\_\_\_\_