



# Airport Special Event Review Form

Form must be submitted 90 days prior to the event.

*\*All fields are required.*

## Event Details:

Event Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Airport Sponsor: \_\_\_\_\_ Event Sponsor (if other than Airport Sponsor): \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Description of the Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Airport Impacts:

Runway(s) Affected: \_\_\_\_\_ Taxiway(s) Affected: \_\_\_\_\_

Other Facilities Affected (Aircraft Parking Areas, Terminal, Navigational Aids): \_\_\_\_\_

## Safety and Security:

Method of Delineating Closed Airport Areas: \_\_\_\_\_

Crowd Control Methods: \_\_\_\_\_

FOD Management Procedures: \_\_\_\_\_

Emergency Response Coordination: \_\_\_\_\_

Air Traffic Control Coordination: \_\_\_\_\_

## Attach a Map Depicting Event Activity Locations

(Temporary Structures/Objects, Abnormal Car Parking, Abnormal Aircraft Parking, Public Viewing Areas, etc.)



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## Certification of Compliance

By submitting this application for approval, the Airport Sponsor hereby certifies that the following conditions have been thoroughly reviewed, addressed and satisfied as they relate to the event.

1. No other venues exist within the community to reasonably accommodate the event.	<input type="checkbox"/>
2. The event is widely supported by the airport tenants and the aviation community at large.	<input type="checkbox"/>
3. A safety plan has been prepared and coordinated with the Event Sponsor.	<input type="checkbox"/>
4. The event will not adversely affect aviation activity at the facility.	<input type="checkbox"/>
5. There is a quantifiable, documented financial benefit to the airport.	<input type="checkbox"/>
6. Adequate insurance policies will be in force during the event.	<input type="checkbox"/>
7. Any damage resulting from the event will be repaired to previous condition.	<input type="checkbox"/>
8. Appropriate NOTAMS will be issued (as applicable).	<input type="checkbox"/>
9. Certificate of Authorization or Waiver, FAA Form 7711-1 issued (as applicable).	<input type="checkbox"/>

In addition, the Sponsor hereby certifies, to the best of their belief and knowledge, that the proposed activity, as planned, does not violate any assurances as defined in the Terms and Conditions of Accepting Improvement Program Grants. The Sponsor further agrees to make available, upon request, any and all information required to support the accomplishment of above noted conditions, if necessary.

By: \_\_\_\_\_

Airport Sponsor Representative

Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Email Address

**Submit completed form electronically to [Howard.Davis@dot.wi.gov](mailto:Howard.Davis@dot.wi.gov) or mail it to:**

Hal Davis  
PO Box 7914  
Madison, WI 53707-7914