



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
AIRPORTS**

APPLICATION FOR TOUR AIRCRAFT OPERATORS PERMIT

Initial **Renewal** **YEAR:** _____ **FEE: \$500.00**

Company Name: _____

Owner/Operator Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

E-mail Address: _____

OPERATIONAL DATA:

(Use the supplemental form if operations are based at more than two airports)

1. Base of Operation:

- | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> HNL | <input type="checkbox"/> HDH | <input type="checkbox"/> JRF | <input type="checkbox"/> LIH | <input type="checkbox"/> PAK | <input type="checkbox"/> KOA | <input type="checkbox"/> MUE | <input type="checkbox"/> UPP |
| <input type="checkbox"/> ITO | <input type="checkbox"/> OGG | <input type="checkbox"/> HNM | <input type="checkbox"/> JHM | <input type="checkbox"/> MKK | <input type="checkbox"/> LUP | <input type="checkbox"/> LNY | |

Contact Person: _____

Title: _____ Phone: _____

E-mail Address: _____

No. of Aircraft: _____ Type: Fixed Wing Helicopter

Total number of operations at the airport for all tour aircraft (Takeoffs and landings count as separate operations): _____

Maximum number of daily operations at the airport for all tour aircraft: _____

Days and Hours of Operation: _____

AIRPORTS DIVISON USE ONLY

RECEIPT NUMBER: _____

RECEIPT DATE: _____

PERMIT NO.: _____

EXPIRATION DATE: _____

2. Base of Operation:

- HNL HDH JRF LIH PAK KOA MUE UPP
 ITO OGG HNM JHM MKK LUP LNY

Contact Person: _____

Title: _____ Phone: _____

E-mail Address: _____

No. of Aircraft: _____ Type: Fixed Wing Helicopter

Total number of operations at the airport for all tour aircraft (Takeoffs and landings count as separate operations): _____

Maximum number of daily operations at the airport for all tour aircraft: _____

Days and Hours of Operation: _____

3. **AIRCRAFT INFORMATION:**

(List all tour aircraft to be regularly operated under the permit. Use the supplemental form for additional aircraft)

	Aircraft	Aircraft	Aircraft	Aircraft
Registration Number				
Registered Owner				
Make				
Model				
Color				
Maximum Gross Takeoff Weight				
Maximum Gross Landing Weight				
No. of Passenger Seats				
Parking Space				
Location				

SUPPORTING DOCUMENTS REQUIRED FOR NEW TOUR PERMIT APPLICATIONS:

- a. Copy of certificates issued by the FAA as provided by Part 121 or 135 or any other applicable part of the Federal Aviation Regulations.
- b. Hawaii Aeronautical Sectional Chart marked to indicate proposed routes and direction of flights, and altitudes.
- c. Island-scale U.S. Geological Survey maps also marked to indicate proposed routes and direction of flights, altitudes, average daily operations along each route, and inclement weather routes.

The following maps are to be used:

Maui:	Maui, Hawaii; Scale 1:250,000 (U.S. Geological Survey, compiled 1962).
Kauai:	Kauai County, Hawaii; Scale 1:100,000 (U.S. Geological Survey, compiled 1980).
Hawaii:	Island of Hawaii; Scale 1:250,000 (U.S. Geological Survey, compiled 1975).
Oahu:	Island of Oahu; Scale 1:62,500 (U.S. Geological Survey, compiled 1971).

- d. "Fly Neighborly Program" or its equivalent, including:
 - (1) Noise abatement procedures to be employed in the vicinity of identified noise sensitive areas, and
 - (2) Procedures to be used in responding to complaints generated by or suspected to be generated by your aircraft.
- e. Certificate of aircraft liability insurance for at least the minimum limit required by the FAA for air taxi operators certified under 14 CFR Part 135, as amended. Such insurance shall cover or indemnify the State of Hawaii from loss, damage, or injury to persons or property arising out of any accident, incident, or mishap of any nature whatsoever or from any cause whatsoever to any individual, aircraft, or property occurring on the airport or in the use of any of the airport facilities. The insurance policy shall not be cancelable with less than 30 days written notice to the Department.

Proof of insurance may be any one of the following:

- (1) certified original copy of the policy;
- (2) abstract of the original policy signed by the issuing company;
- (3) certificate of insurance, including the policy limits, attested to by the insurer; or
- (4) additional certificate of insurance.

NOTE: Any change in operations must be submitted to the DOT Airports for approval before such changes in the permit become effective.

RENEWALS:

Request for permit renewal must be submitted to the DOT Airports at least sixty (60) days prior to the expiration date of the permit. The following must be submitted with the renewal application:

1. Copy of the most recent approved application, identifying changes, if any.
2. Current certificate of aircraft liability insurance to the minimum limits required by the FAA for air taxi operators certified under 14 CFR Part 135, as amended.
3. Check in the amount of \$500, payable to the State of Hawaii, Airports.

***PLEASE SUBMIT APPLICATION, ALL SUPPORTING DOCUMENTS AND REMIT \$500.00
to:***

***State of Hawaii, DOT Airports
Daniel K. Inouye International Airport
400 Rodgers Boulevard, Suite 700
Honolulu, HI 96819-1880
ATTN: AIR-LG***

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
AIRPORTS

The undersigned applicant, _____,
acting by and through its duly authorized officer, _____,
hereby agrees that it will conduct its tour operations in compliance with all applicable FAA, State
and Department of Transportation statutes and requirements including, but not limited to,
Section 261-12, Hawaii Revised Statutes, and Title 19, Chapter 34, Hawaii Administrative
Rules, in consideration for the granting of a Tour Aircraft Operators Permit in the State of Hawaii
for a period of one (1) year.

The undersigned further states that all information contained in the application and
attachments hereby submitted is true and correct to the best of his/her knowledge.

Applicant

By _____
Signature of Officer

Title

Date

RECOMMEND APPROVAL:

Assistant Airport Superintendent
(FKA General Aviation Officer)

Date

APPROVED:

Airports Deputy Director

Date

OPERATIONAL DATA
(Additional Airports Used)

Use only if tour operations are based at more than two airports. Duplicate if necessary.

Base of Operation:

- HNL HDH JRF LIH PAK KOA MUE UPP
- ITO OGG HNM JHM MKK LUP LNY

Contact Person: _____

Title: _____ Phone: _____

E-mail Address: _____

No. of Aircraft: _____ Type: Fixed Wing Helicopter

Total number of operations at the airport for all tour aircraft (Takeoffs and landings count as separate operations): _____

Maximum number of daily operations at the airport for all tour aircraft: _____

Days and Hours of Operation: _____

+++++

Base of Operation:

- HNL HDH JRF LIH PAK KOA MUE UPP
- ITO OGG HNM JHM MKK LUP LNY

Contact Person: _____

Title: _____ Phone: _____

E-mail Address: _____

No. of Aircraft: _____ Type: Fixed Wing Helicopter

Total number of operations at the airport for all tour aircraft (Takeoffs and landings count as separate operations): _____

Maximum number of daily operations at the airport for all tour aircraft: _____

Days and Hours of Operation: _____

AIRCRAFT INFORMATION
(Additional Aircraft)

List all tour aircraft to be regularly operated under the permit. Duplicate, if necessary.

	Aircraft	Aircraft	Aircraft	Aircraft
Registration Number				
Registered Owner				
Make				
Model Number				
Color				
Maximum Gross Takeoff Weight				
Maximum Gross Landing Weight				
No. of Passenger Seats				
Parking Space				
Location				