

STATE OF HAWAII DEPARTMENT OF TRANSPORTATION AIRPORTS DIVISION

400 RODGERS BOULEVARD, SUITE 700 HONOLULU, HAWAII 96819-1880 June 5, 2019 JADE T. BUTAY DIRECTOR

Deputy Directors
LYNN A.S. ARAKI-REGAN
DEREK J. CHOW
ROSS M. HIGASHI
EDWIN H. SNIFFEN

IN REPLY REFER TO: AIR-PM 19,0510

Mr. George Rivera Owner Oahu Parachute Center LLC

Waialua, Hawai'i 96791

Dear Mr. Rivera:

Enclosed for your review and signature is the Application for Revocable Permit ("Application") for space for skydiving operations, identified as Area/Space Nos. 820-104B and 820-110A, and aircraft parking, identified as Area/Space No. 404-115 located at Kawaihapai Airfield (Airport).

If you concur, please sign and return the Application along with the following:

- 1. Tax Clearance Certificates (application forms enclosed) for the State of Hawai'i <u>and</u> City & County of Honolulu. Obtain current (within the past six months) tax clearance certificates and remit them to our office;
- 2. Certificate of Good Standing issued by the State of Hawai'i, Department of Commerce and Consumer Affairs (DCCA);
- 3. Certificate of Registration and/or proof of ownership, i.e., Bill of Sale and Registration Application;
- 4. Copy of the aircraft log book showing the date of the most recent aircraft certification inspection;
- 5. Airworthiness Certificate;
- 6. State of Hawai'i, Department of Transportation Aircraft Registration;
- Commercial General Liability Insurance policy or policies, naming the State of Hawai'i
 as additional insured, with a combined single limit coverage of at least \$1,000,000 per
 occurrence and \$2,000,000 aggregate for bodily injury and damage to property per
 occurrence; and
- 8. Remittance, in the amount of \$28,261.60 [\$7,059.15 first month's rent, \$21,177.45 security deposit (3 months' rent) and \$25.00 administrative fee], made payable to the State of Hawai'i, Department of Transportation, Airports Division.

Occupancy of these spaces are not official until after the Revocable Permit is fully executed. We will not accept the Application unless all the required items listed above are fully executed and submitted together to our office.

This letter and Application is not intended to hold and/or reserve space at the Airport and may be cancelled at any time with or without prior notice.

If we do not receive the signed original Application, required documents and payment, as stated above within thirty (30) calendar days from the date of receipt of this letter, we will assume that you are no longer interested, and this offer will no longer be valid.

If you have any questions, please contact Mr. Daniel Oshiro, Property Manager, of our Property and Business Development Staff at

Sincerely,

Property and Business Development Staff

Enclosures

APPLICATION FOR REVOCABLE PERMIT

KAWAIHAPAI AIRFIELD	

Date

R.P. No._____

Application is hereby made to the Department of Transportation, Airports Division, hereinafter called the Department, for permission to use and
occupy the following described premises at the above-named Airport for the purposes hereinafter specified and purposes incidental thereto in accordance with
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occupy the following	on is hereby made to the Department of Transpo described premises at the above-named Airport tions set forth by the Department.						
1.	Applicant's Name and Address:						
	OAHU PARACHUTE CENTER LLC						
	WAIALUA, HAWAI'I 96791						
2.	Premises as shown on attached exhibits A	A & B:			Rate		
	Area/Space No. 820-104B, containing an are Area/Space No. 820-110A, containing an are Area/Space No. 404-115, containing an area	\$ 1.35 PSFPY \$ 1.35 PSFPY \$ 54.00 FIXED					
3.	Purpose(s): Skydiving Operation and Aircra	Skydiving Operation and Aircraft Parking.					
4.	Fees:	•	4 004 00				
	Monthly Rental: 820-104B Monthly Rental: 820-110A	\$ \$	1,204.20 5,800.95				
	Monthly Rental: 404-115	\$	54.00				
	TOTAL MONTHLY FEE:	\$	7,059.15				
5.	Security Deposit:	\$	21,177.45, 0	or three (3) times the monthly re	ental in effect.		
6.	Holdover Tenancy:	\$	235.31				
not occupy the pren required security de permit calls for an a	camined the premises and have read and accept mises until I have (1) been notified by the Depart eposit, insurance policies and tax clearances from annual rent of \$25,000.00 or more), and (4) signe evocable Permit will be cancelled. A \$25.00 adm	tment, (2) in the State of the Revo	paid one full n e and County ocable Permit.	nonth's rental in advance, (3) ful Tax Offices (from the Internal R . I understand that if I fail to obta	rnished the Department with the evenue Service if the revocable ain all of the requirements stated		
Signature:				Phone No.:_			
Print Name:			Work No.:				
Title:			Cellular No.:				
	Date Signed:		·	E-mail:			
RECOMMEND APPROVAL:				APPROVED:			
ROY K, SAKATA	art Managar			ROSS M. HIGASHI Deputy Director – Airports	 		
Oahu District Airpo	nt wanager			Deputy Director - Alliports			

Date



