



WEIGHT LIMIT WAIVER REQUEST

AIRPORT OPERATION INFORMATION

AIRCRAFT SERIAL NO.	AIRCRAFT SIDE NO.
AIRPORT	AIRPORT WEIGHT LIMIT SINGLE WHEEL DOUBLE WHEEL
DATE OF LANDING	AIRCRAFT GROSS WEIGHT
DATE OF TAKEOFF	AIRCRAFT GROSS WEIGHT

APPLICANT INFORMATION

COMPANY NAME	COMPANY POINT OF CONTACT		
LAST	FIRST	MI	
MAILING ADDRESS			
CITY	PHONE NO.	ALTERNATE PHONE NO.	
STATE	ZIP CODE	COUNTY	EMAIL ADDRESS

APPLICANT TO INITIAL THE FOLLOWING PARAGRAPHS

I certify that I understand this is not blanket authorization for runway operations and only applies towards one time landing and/or takeoff for the aircraft named above. I understand that this waiver authorization is valid for the date(s) specified and is cancelled if the date(s) and/or aircraft changes. If approved, this does not constitute a change in airport category and all design standards for the airport remain in place.

I understand that I enter this agreement at my own risk and agree to be responsible for any damage overweight or oversize aircraft may cause as a result and to sign the liability waiver attached.

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

STATE AIRPORT MANAGER SIGNATURE	DATE	COMMENTS
Tony Beach, State Airports Manager Oregon Department of Aviation aviation.mail@aviation.state.or.us (503)378-2523 (503)373-0275 FAX		_____ _____ _____ _____ _____