



**FXE TENANT AVIATION OPERATOR REGISTRATION
FORT LAUDERDALE EXECUTIVE AIRPORT**

Print or Type the information below

**Commercial Aviator Operators (CAO) MUST complete ALL areas
Shaded areas are Not required for Non-CAO**



Does this business provide aviation services to the public? (Commercial Aviation Operator, CAO) YES NO

Name of Firm or Individual:				
Form of Business Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture
(Check One)	<input type="checkbox"/> LLC	<input type="checkbox"/> Other: _____		
Phone Number:			FAX Number:	
Office/Hangar Address:				
E-mail:			WebSite:	
Hours & Days of Operations:			Term of Lease or Sub-Lease:	

How long have you operated at FXE (since what year)? _____

Contact & Staffing Information:	# Full Time Employees	Name	# Part Time Employees	Phone	Total All Employees: _____ Fax
President/Owner:					
24Hr Emergency Contact:					
On Site Manager:					

Management Team/Principals (Attach List if Needed)	# Yrs/Experience & Qualifications in Proposed Operations (Attach List if Needed)
1.	
2.	
Primary Service Delivery Personnel (Attach List if Needed)	Describe Training-Qualifications-Licenses-Certifications (Attach List if Needed)
1.	
2.	

PROPOSED OPERATIONS:

Please Describe in Detail the Scope of Proposed Operations, Activities and Services Provided on Site.

AIRCRAFT

Will you have any aircraft on site that you do not own or lease that will be under your care, custody and control?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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List Type & Size of Aircraft Worked On:

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List All Based Aircraft Registrations:

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FACILITY

Office Sq Ft: Hangar Sq Ft: TOTAL Sq Ft:

Do you share hangar space with another operator?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If "yes," what other operators?

If "yes," how much space is under your sole control?

Office Sq Ft:

Hangar Sq Ft:

HAZMAT PRODUCTS:

List all oils, solvents, paints, other chemicals, etc to be stored on site and in what quantities.

SPECIALIZED EQUIPMENT:

List all tools, materials and equipment to be used on the premises.

OFF-AIRPORT VENDORS & CONTRACTED SERVICE PROVIDERS

Your business operations may require that off-airport; aviation businesses come on your premises to work on aircraft. Because these independent business operators will be on airport property and may have access to the FXE airfield it is requested that you provide a list of these other commercial aviation businesses.

Business Name	Contact Person & Title/Position	Business Address & Phone
1.		
2.		

If you need to add more information please attach additional sheets

Please provide copies of air carrier certificates, repair station license numbers, flight school certificates, etc. as required by law for operation.

Copies Provided/Attached

Please provide copies of insurance certificates/letters to document extent of current liability, facility and business operation coverage.

Copies Provided/Attached

Signatures:

President/Owner: _____ Date: _____

Landlord/Prime Lessee _____ Date _____

FXE Administration - For Office Use Only – Does Not Indicate Compliance or Approval

Delivered (Date) _____ By: _____ Received (Date) _____ By: _____