



## APPLICATION FOR SINGLE SERVICE PROVIDER PERMIT

### AERONAUTICS USE ONLY

Date \_\_\_\_\_

Business Lic. No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

School Name	Phone	Date
Owner(s)	School Manager	
Mailing Address	City	Zip
Name of airport where flight school will be based		
Fax	E-mail	

### Courses Offered:

- |                                  |                                       |   |   |                                     |
|----------------------------------|---------------------------------------|---|---|-------------------------------------|
| <input type="radio"/> Private    | <input type="radio"/> Part 141 School | <input type="radio"/> Type Ratings      | <input type="radio"/> Flight Instructor | <input type="radio"/> Ground School |
| <input type="radio"/> Recreation | <input type="radio"/> Commercial      | <input type="radio"/> Sea Plane         | <input type="radio"/> Instrument        | <input type="radio"/> Glider        |
| <input type="radio"/> Sport      | <input type="radio"/> Multi Engine    | <input type="radio"/> Airline Transport | <input type="radio"/> Helicopter        |                                     |

Maintenance Personnel				
Name	Address	FAA Certificate Number		
Chief Mechanic				

  

Flight Instructor		
Name	Address	FAA Certificate Number
Chief Flight Instructor		<input type="radio"/> Instrument <input type="radio"/> Multi Engine
		<input type="radio"/> Instrument <input type="radio"/> Multi Engine
		<input type="radio"/> Instrument <input type="radio"/> Multi Engine
		<input type="radio"/> Instrument <input type="radio"/> Multi Engine
		<input type="radio"/> Instrument <input type="radio"/> Multi Engine
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		<input type="radio"/> Instrument <input type="radio"/> Multi Engine

  

Flight School Aircraft			Georgia Aircraft Registration	To be completed by State Registrar AERO USE ONLY
Make	Model	N Number		
1.			<input type="radio"/> Yes <input type="radio"/> No	
2.			<input type="radio"/> Yes <input type="radio"/> No	
3.			<input type="radio"/> Yes <input type="radio"/> No	
4.			<input type="radio"/> Yes <input type="radio"/> No	
5.			<input type="radio"/> Yes <input type="radio"/> No	
6.			<input type="radio"/> Yes <input type="radio"/> No	
7.			<input type="radio"/> Yes <input type="radio"/> No	



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**RETURN TO:** Habersham County Airport Manager  
Attn: Phil Sutton  
130 Jacob's Way, Suite 301  
Clarkesville, GA 30523

**APPLICATION PROCEDURE:** Any entity wishing to establish a commercial or non-commercial general aviation activity on the airport shall be furnished a copy of these Minimum Standards and shall be required to make an application in writing to the Habersham County Airport Commission detailing the following:

- a. The name and address of the applicant.
- b. The proposed land use and/or service(s) to be offered.
- c. The requested or proposed date for commencement of the activity and the term.
- d. The facilities and/or amount of land to be leased.
- e. The cost of building facilities and the method of financing, if applicable.
- f. The financial responsibility and ability of the entity to carry out the activity.
- g. The names and qualifications of key personnel to be involved.
- h. The specific type(s) and amount(s) of insurance to be maintained.
- i. The number of aircraft to be provided, if applicable.
- j. The tools, equipment, services and inventory.
- k. The number of persons to be employed.
- l. The hours of operation.
- m. Any accident reports on file with the NTSB for the past 5 years.
- n. References from airports where flight training instruction occurred in the past 5 years.
- o. Previous, current or pending litigation with airports or governmental institutions in the past 5 years.

Name	
Signature	Date