

Application Information for Skydiving Use Permit by City of Lawrence:

Application Due 30 days in advance of requested Use Date

Applicant Information Documentation Required:

1. Full Name _____
2. Address, City State, Zip _____
3. Telephone Number (Home/Cell) _____
4. Contact Email Address _____
5. USPA Membership Rating and License Number _____
6. Operation plan provided Yes / No _____
7. Name of Safety & Training Advisor overseeing event _____
8. Liability Insurance Policy with waiver naming City of Lawrence
as additional insured in amount of \$1,000,000.00 on date of requested jump.
9. Date of requested jump. _____
10. Number of jumpers in your group _____
 - a. Provide the following information for each jumper
 - I. Full Name _____
 - II. Address, City, State, Zip _____
 - III. Telephone Number (Home, Office and Cell) _____
 - IV. Email Address _____
 - V. Age (must be 18 years of age)
 - VI. USPA Membership Rating and License Number
 - VII. Copy of USPA Insurance Policy and Number
 - VIII. Participant Release of Liability, Waiver of Claims,
Assumption of Risk and Indemnity Agreement

Pilot / Aircraft Information Documentation Required: Copy

1. Full Name _____
2. Address, City, State, Zip _____
3. Telephone Number (Home, Office and Cell) _____
4. Email Address _____
5. Aircraft N-Number _____
6. Aircraft Registration _____
7. 100-Hour Inspection Certification sign-off by A & P
8. Aircraft certified for Skydiving
9. Aircraft Insurance Policy with waiver naming City of Lawrence
As additional insured.
10. Pilot license current and rated for activity

Event Pricing: Application Fee (Single Date) \$ 50.00

Please return completed form and application fee to: Lawrence Public Works | P.O. Box 708 | Lawrence, KS 66044-0708
Or email to csoules@lawrenceks.org