



DEMONSTRATION PARACHUTE JUMP APPLICATION FORM

To: MassDOT - Aeronautics Division
Logan Office Center
One Harborside Drive, Suite 205N
East Boston, MA 02128-2909
T: (617) 412-3680
F: (617) 412-3679

From: _____

I, _____

HEREBY REQUEST PERMISSION FOR AN EXHIBITION PARACHUTE JUMP AS FOLLOWS:

DATE: _____ AT _____ A.M. ☐ P.M. ☐ TO _____ A.M. ☐ P.M. ☐

LOCATION: _____ .

- 1. Describe the site completely using the reverse side for a diagram. Also, describe plans for crowd control:**

- 2. The parachutists will be: (Names, Addresses, License #, and Approximate number of previous jumps):**
Jumpmaster: _____

- 3. Reason for Demonstration Jump? (Air show, etc...)**

- 4. Aircraft:** _____ **Pilot:** _____
(Make, model, N#)

- 5. Property owner or operator granting permission to use the landing area:**

Name: _____
Address: _____
Telephone: _____

6. I authorize this activity to take place on property owned or controlled by me:

Authorized Signature: _____ Date: _____

7. U.S.P.A Safety and Training Advisor Endorsement:

I have inspected the proposed site and all jumpers' qualifications and approve the planned parachute jump. I recommend the following limitations, if any:

Safety & Training
Advisor's Signature: _____ Date: _____

**** This form must be submitted within seven (7) days of the proposed jump. ****