

Self-Fueling Permit

_____ Original copy of a Certificate of Insurance naming the City as an additional named insured, if applicable.

_____ is fuel coming from off site; how are fuel vehicles being refilled;

_____ An emergency response plan and spill contentment kit;

_____ List of the Applicant's employees' who operate the aircraft fuel servicing vehicles and who will conduct the fueling operations;

_____ Copy of the proof of ownership documentation for any fuel dispensing equipment.

_____ Copies of applicable Federal Aviation Administration (FAA) Aircraft Registration certificate(s) or aircraft lease agreement(s) for the listed aircraft.



Aircraft Fueler/Fueling Vehicle

Owner's Name:

(Must be the same as aircraft owner / lessee)

Vehicle Description:

Meter reading _____

Method of dispensing fuel _____

Inspection Number/Date: _____

Vehicle I.D. No.: _____

Fuel Handler's Permit Number: _____

Fuel Type: 100LL Jet A

Permittee shall observe and comply with all laws, ordinances, rules, regulations, orders, and standards of the United States Government, the State of California, the County of Mendocino, the City of Ukiah, and all agencies thereof which may be applicable to its operations or to the operation, management, maintenance or administration of the Airport now in effect or hereafter promulgated. Airport fuel operators shall comply with all applicable National Fire Prevention Association Standards for aircraft fuel servicing, Federal Aviation Administration Advisory Circulars, and City of Ukiah Fire Prevention codes. The Permittee agrees to abide and conform by the City of Ukiah Rules and Regulations Minimum Standards for Self Fueling as may be amended. Furthermore, without limiting any other conditions set forth elsewhere in this Permit, Permittee shall also comply with the specific requirements as set forth in the City of Ukiah and Regulations General Terms and Conditions for Permits. A copy of the Self-Fueling Ordinance NO 1123 is attached the Permit effective date hereto and incorporated herein by this reference. Permittee acknowledges that the City of Ukiah and Regulations represent the standard of care and behavior required to retain this Permit. Any violation may subject Permittee to penalties up to and including termination of this Permit. I, the undersigned, certify that the above information is correct and in accordance with the terms of above-referenced Self-Fueling Permit.

NAME: _____

SIGNED: _____ DATE: _____

Approved Permit Number _____ Date _____

Not Approved

Greg Owen
Airport Manager
Ukiah Regional Airport

FUEL DISPENSARY PERMIT
MONTHLY FUEL FLOWAGE REPORTING FORMAT

ALL FUEL FLOWAGE MUST BE REPORTED MONTHLY USING THE FOLLOWING FORMAT.

MAIL REPORT, COPIES OF DELIVERY
 INVOICES AND PAYMENT TO:

PERMITTEE NAME: _____

PERMIT NO.: _____

City of Ukiah
AIRPORT
 1403 S. State St
 Ukiah, Ca 95482

MONTH: _____ YEAR _____

TYPE OF FUEL/ LUBRICANT	DELIVERY DATE	INVOICE NUMBER	QUANTITY RECEIVED/PER GALLONS	TOTAL
			Total	
				X .25
FUEL FLOWAGE FEE OF .25 PER GALLON DUE TO CITY OF UKIAH				\$

I, the undersigned, certify that the above information is correct and in accordance with the terms of above-referenced Self-Fueling Permit.

NAME: _____

SIGNED: _____ DATE: _____