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 ____________ P.M. ☐ TO ________________ 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. **