



# PERMIT ATTACHMENT AIRCRAFT DE-ICING

Des Moines Airport Authority  
5800 Fleur Dr, Suite 207  
Des Moines, IA 50321

## SUBMIT WITH PERMIT APPLICATION FORM PER-PUB-00-900

### A) DE-ICING OPERATION LOCATION

Reason for Application

New Permit  Renewal - Original Permit Number \_\_\_\_\_

### B) DE-ICING OPERATION LOCATION

Describe the Area Where De-Icing Operations will Occur and Attach a Map

### C) TYPE OF DE-ICING OPERATION

Describe the Proposed De-Icing Operation Including De-Icing Material Type and Quantity

### D) DE-ICING FLUID CONTROL MEASURES

Describe the Proposed Method of De-Icing Fluid Control

### E) DE-ICING STORAGE LOCATION

Describe the Proposed Storage Area and Method for De-Icing Fluids

### F) STATEMENT OF COMPLIANCE

My submission of this permit application acknowledges that, if granted a Permit, I will comply with Section 14 of the Rules and Regulations of the Airport. I acknowledge that I have read and fully understand the Rules and Regulations requirements. I will further limit my de-icing operations to those areas approved in the permit issuance. I will notify Airport Operations of type and amounts of de-icing fluid used under this permit.

### G) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

THIS ATTACHMENT REQUIRES CONCURRENCE FROM THE FOLLOWING PERSONNEL

I)  Director of Engineering has reviewed this permit and is concurrence: Director of Engineering \_\_\_\_\_ Date \_\_\_\_\_