



DELAWARE COASTAL AIRPORT

Non-Commercial Self-Fueling Permit

Applicant: _____

Authorized Representative _____ Title _____

Aircraft Storage Location/Hangar Address _____

Aircraft to be Fueled (Type & N Number) _____

Type of Fueling System: Transportable Tank Refueler

Type of Fuel to be dispensed Jet A 100 LL Other _____

Location of Fueling Station _____

The Applicant requests approval to conduct Non-Commercial Self-Fueling of Aircraft that are owned or leased by the Applicant.

FEE PAYMENT: Applicant shall pay the monthly fuel flowage fee on time for fuel dispensed into aircraft owned or leased by the applicant, and all required fees including late fees, interest and penalties.

PERMIT LIMITATIONS:

- This permit may not be assigned or transferred
- A holder of a Self Fueling permit shall not dispense or permit the dispensing of fuel into Aircraft that are not owned or leased* by the Applicant
- This permit shall remain in effect unless otherwise suspended, relinquished, or revoked

INFORMATION CHANGES: The Applicant must notify the Airport Manager in writing within ten (10) days of any changes to the information provided on this form.

COMPETENCY: The Applicant certifies that the personnel engaged in Self-Fueling are properly trained in aircraft fueling, fuel handling and associated safety procedures, and will conform to the best practices for such operations.

SELF-FUELING RULES AND REGULATIONS: The Applicant certifies that he or she has read and understands the Airport's Rules and Regulations regarding Non-Commercial Self-Fueling and acknowledges receipt of a copy of these Rules and

Regulations. The Applicant also certifies that he/she has read and understands NFPA 407, *Standards for Aircraft Fuel Servicing*, 2017 edition.

REPORTING: The Applicant shall provide quarterly fuel inventory reconciliation reports listing the type and amount of fuel dispensed to all aircraft, fuel received, spilled or otherwise accounted for.

*A six month (minimum), exclusive use lease is required.

The undersigned representative certifies he/she is authorized to sign for this permit and shall comply with all the provisions of the Airport Rules and Regulations and the Minimum Standards.

Signature

Date Signed

Print Name

Airport Use Only

Insurance Certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Spill Prevention Contingency and Control Plan (SPCC)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Standard Operating Procedures/Quality Control Plan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Marshal Inspection Conducted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Proof of Aircraft Ownership or copy of Lease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of:				
1) NFPA 407 Standards for Aircraft Fuel Servicing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2) FAA AC 150/5230-4 Aircraft Fuel Storage, Handling, and dispensing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Approved by:

Date Signed

Return Original To: Airport Manager, PO Box 589, Georgetown, DE 19947