

**Lafayette Regional Airport
SELF-FUELING PERMIT
(DUPLICATE COPY FOR PERMITTEE)**

Permit Effective Date: (mm/dd/yyyy)	Permit Expiration Date: (mm/dd/yyyy)

PERMITTEE INFORMATION:

(1) Permittee Name:	Company Name:	
Mailing Address:	City:	State & Zip Code:
Telephone Number:	Fax Number:	Email Address:
(2) Permittee Name:	Company Name:	
Mailing Address:	City:	State & Zip Code:
Telephone Number:	Fax Number:	Email Address:

PERMITTEE AIRCRAFT INFORMATION:

Tail Number:	Model:	Serial Number:	Registered Owner:

PERMITTEE FUEL DISPENSARY VEHICLE DESCRIPTION:

Vehicle Identification (VIN):	License Plate No. and State:
Registered Owner of Vehicle:	Vehicle Description: (color, make, model, year)
Fire Inspection Decal No:	Fuel Type:

AUTHORIZED FUELER(S) DRIVERS(S):

Note: If vehicle is to be operated on public road, driver must be HazMat Trained.

Name & Relationship to Permittee	CDL License No: (include state)