



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY AERONAUTICAL SERVICES AGENCY
9325 GUNSTON ROAD, SUITE N319
FORT BELVOIR, VA 22060-5582

AUG 31 2009

Operations Branch

Civil Air Patrol
Attention: Peter J. Kalisky
105 South Hansell Street
Maxwell AFB, AL 36112-6332

Dear Mr. Kalisky:

In accordance with the provisions of Army Regulation 95-2, you are authorized to operate those aircraft listed on the enclosed Civil Aircraft Landing Permit (DD Form 2401) into the Army airfields, which you requested in block 2. This authorization is subject to the restrictions or limitations that may be imposed by the local airfield or installation commander or their authorized representatives. The individual airfield commander may have a reason to deny you access, therefore, you are required to comply with the prior permission requirements of the airfield(s) you intend to use. You must also send a copy of this letter and DD Form 2401, Civil Aircraft Landing Permit, to each airfield you intend to use.

The duration of the enclosed Civil Aircraft Landing Permit is normally based on the expiration date of your aircraft insurance at the time the Civil Aircraft Landing Permit is issued. Your Civil Aircraft Landing Permit becomes invalid the instant your aircraft insurance becomes invalid or the date indicated below, whichever comes first, unless revoked sooner in the best interest of the Army.

Your Hold Harmless Agreement will remain on file in this office for one year after your permit expires. A new DD Form 2401 is required annually. The identification number of your permit is ASA-12-09-128.

Your Civil Aircraft Landing Permit expires at 0001 hours, October 1, 2010.

The point of contact for this action is Mr. Jay Bellamy, (703) 806-4868 or email, jay.bellamy@conus.army.mil.

Sincerely,

Roger W. Yates
Director, Policy, Plans and
Programs

Enclosures

CIVIL AIRCRAFT LANDING PERMIT

*Read Privacy Act Statement on back before completing this form.
If additional space is required, continue on back identifying by item number.*

OMB No. 0701-0050

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.

SECTION I - INFORMATION REQUIRED FROM USER

Permission is requested to use the listed military airfield(s). It is understood and agreed that:

- | | | |
|--|--|---|
| <p>a. Except for weather alternate use or emergencies, I or my agent will contact each installation commander at least 24 hours prior to each landing for final clearance instructions. The remarks section of the flight plan will include user name and permit identification number.</p> <p>b. When required, I or my agent will obtain diplomatic or overflight clearance when operating over international borders.</p> | <p>c. Commanders of military installations may restrict civil aircraft operations to preclude interference with military activities or to protect national security.</p> <p>d. This permit does not necessarily entitle my aircraft to receive aviation fuel, oil, or other services from U.S. Government sources.</p> | <p>e. On-board personnel are not authorized activities except for purposes directly connected with this permit.</p> <p>f. Use is limited to the listed aircraft, period indicated, purpose stated, and conditions shown, and is not transferable.</p> <p>g. An approved copy of this permit must be aboard each aircraft using the military airfield.</p> |
|--|--|---|

1. USER	2. NAME OF AIRFIELD(S) TO BE USED					
<p>a. NAME CIVIL AIR PATROL</p>	<p>c. ADDRESS (Street, City, State, Zip Code) 105 SOUTH HANSELL STREET MAXWELL AFB, AL 36112-6332</p>	<p>ALL AAF CONUS, AK, HI</p>				
<p>b. RELATIONSHIP TO PARENT ORGANIZATION <i>(If any)</i></p>		<p>3. ARE PILOTS INSTRUMENT RATED AND CURRENT? <i>(X one)</i></p> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">NO</td> </tr> </table>	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input checked="" type="checkbox"/>	YES					
<input type="checkbox"/>	NO					

4. PURPOSE OF USE
For Civil Air Patrol Search and Rescue Missions, Disaster Relief Mission, receiving maintenance support and other services for Civil Air Patrol aircraft as authorized under AFI 10-2701 and in conjunction with other official Civil Air Patrol business.

AIRCRAFT MANUFACTURER	MODEL	REG#	COUNTRY	CREW CAPACITY	PAX CAPACITY	MAX TAKE-OFF WEIGHT
BLANIK	L13	*	USA	1	1	1,500
	L23	*	USA	1	1	1,500
CESSNA	172	*	USA	1	3	2,550
	182,185	*	USA	1	3	3,100
	206	*	USA	1	5	3,600

5. AIRCRAFT DATA

a. MANUFACTURE	b. MODEL	c. REGISTRATION NUMBER	d. CAPACITY		e. MAX GROSS TAKE-OFF WEIGHT <i>(Pounds)</i>	f. EQUIPMENT												
			(1) CREW	(2) PASSENGER		(1) TWO-WAY RADIO		(2) STROBE WARNING LIGHTS		(3) TRANS-PONDER		(4) IFR CAPABILITIES						
						YES	NO	YES	NO	YES	NO	YES	NO					
See Blk 4 & reverse																		
* ANY LIGHT AIRCRAFT OF THE ABOVE LISTED MODELS REGISTERED IN THE NAME OF CIVIL AIR PATROL OPERATING UNDER CONDITIONS SHOWN IN 4 ABOVE.																		

6. CERTIFICATION BY INDIVIDUAL OR AUTHORIZED COMPANY REPRESENTATIVE
Applicant and agents have read, understand, and will comply with all pertinent parts of applicable regulations listed in Note 1 and local supplements, directives, and orders. Such compliance is an express condition of this permit. I certify that the information contained in this permit is true to the best of my knowledge and belief. As a corporate representative, I certify that I have authority to certify this information on behalf of the corporation and hereby designate the aircraft commander as our agent on all matters arising from the use of this permit.

a. TYPED NAME (Last, First, Middle Initial) ROWLAND, DON R.	b. TITLE EXECUTIVE DIRECTOR	c. TELEPHONE NO. <i>(Include Area Code)</i> (334) 834-2236	d. SIGNATURE (Blue Ink) 	e. DATE SIGNED (YYYYMMDD) 20090825
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SECTION II - FOR USE BY APPROVING AUTHORITY

7. PERIOD OF USE		8. FREQUENCY OF USE	9. IDENTIFICATION NO.	10. THIS PERMIT SUPERSEDES PERMIT NO. (Identification No.)
a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)			

11. THIS PERMIT IS GRANTED ON PRIOR EXECUTION OF DD FORMS 2400 AND 2402		12. CREDIT AUTHORIZED FOR FUEL ISSUES (X one)		13. LANDING FEES (X one)	
a. DD FORM 2400 (Dated and Filed)		b. DD FORM 2402 (Dated and Filed)		<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO

14. APPROVING OFFICIAL

a. TYPED OR STAMPED NAME, TITLE AND ORGANIZATION	b. SIGNATURE
	c. DATE SIGNED (YYYYMMDD)

IF ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE (Refer to item number)

Continuation from Block 5. Aircraft Data:

MANUFACTURER	MODEL	REG#	COUNTRY	CREW CAPACITY	PAX CAPACITY	MAX TAKE-OFF WEIGHT
DeHAVILLAND	DHC-2	*	USA	1	5	5,100
GIPPSLAND	GA8	*	USA	1	7	4,000
MAULE	M7,MT7	*	USA	1	3	2,300
SCHWEIZER	1-26	*	USA	1	-	700
	1-34	*	USA	1	1	840
	2-22	*	USA	1	1	900
	2-32	*	USA	1	1	1,430
	2-33	*	USA	1	1	1,040
SCHLEICHER	ASK-21	*	USA	1	1	1,200

NOTE: All Civil Air Patrol Aircraft are equipped with (1) two-way radio, (2) strobe warning lights, (3) transponder, and (4) IFR capabilities

This form is available under DefenseLINK, Publications.

ARMY	NAVY	AIR FORCE
<p>NOTE 1 AR 95-2 Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves</p>	<p>32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil</p>	<p>AFI 10-1001 Can be viewed at: http://afpubs.hq.af.mil</p>
<p>NOTE 2 COMMANDER USAASA, ATTN: ATAS-AS BLDG 1466 9325 GUNSTON RD, SUITE N319 FT BELVOIR, VA 22060-5582 (703) 806-0686</p>	<p>COMMANDER NAVAL FACILITIES ENGINEERING COMMAND CODE: REAT WASHINGTON NAVY YARD 1322 PATTERSON AVE. S.E., SUITE 1000 WASHINGTON, DC 20374-5065 (202)685-9202</p>	<p>HQ USAF/A30-AC 1480 AIR FORCE PENTAGON RM 5E857 WASHINGTON, DC 20330-1480 (703) 697-5967</p>

PRIVACY ACT STATEMENT

AUTHORITY: 49 U.S. Code, Section 44502(d).

PRINCIPAL PURPOSE(S): When partially completed, indicates desire of an individual or corporation to operate civil aircraft into a military airfield; when validated by a military approving authority, grants an individual or corporation permission to land civil aircraft at a military airfield.


ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide this information will result in an individual or corporation being unable to operate civil aircraft into a military airfield.

SECTION II - FOR USE BY APPROVING AUTHORITY

7. PERIOD OF USE		8. FREQUENCY OF USE	9. IDENTIFICATION NO.	10. THIS PERMIT SUPERSEDES PERMIT NO. (Identification No.)
a. FROM (YYYYMMDD) 20091001	b. TO (YYYYMMDD) 20101001	AS REQUIRED	ASA-12-09-128	ASA-12-08-179

11. THIS PERMIT IS GRANTED ON PRIOR EXECUTION OF DD FORMS 2400 AND 2402		12. CREDIT AUTHORIZED FOR FUEL ISSUES (X one)	13. LANDING FEES (X one)
a. DD FORM 2400 (Dated and Filed) 2009/08/26	b. DD FORM 2402 (Dated and Filed) 2009/08/26	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

14. APPROVING OFFICIAL	
a. TYPED OR STAMPED NAME, TITLE AND ORGANIZATION Mr. Jay Bellamy Operations Officer U.S. Army Aeronautical Services Agency (703) 806-4868	b. SIGNATURE  c. DATE SIGNED (YYYYMMDD) 20090826

IF ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE (Refer to item number)

Approval of this Civil Aircraft Landing Permit at the Army level does not guarantee you will always have access to an Army Airfield listed on your permit. You are required to coordinate with the airfield to obtain prior permission each time you need to use an airfield. The airfield command may have operations or classified missions occurring which may not be compatible with your use of the airfield. The Airfield Commander is the final authority on your use, and occasionally you may not receive an explanation as to why you have been denied use. See section I, a through g on the front of the form.

Block 13 - Landing fees may be charged at any Army airfield.

This Civil Aircraft Landing Permit becomes invalid at 0001 hours on the date listed in block 7b or at the instant the aircraft insurance becomes invalid for any reason.

A Civil Aircraft Hold Harmless Agreement, DD Form 2402, is in effect when using this permit and the pilot-in-command and occupants of the aircraft should be aware of the liability limits placed on the US government by the Hold Harmless Agreement.

This form is available under DefenseLINK, Publications.

ARMY	NAVY	AIR FORCE
NOTE 1 AR 95-2 Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves	32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil	AFI 10-1001 Can be viewed at: http://afpubs.hq.af.mil
NOTE 2 COMMANDER USAASA, ATTN: ATAS-AS BLDG 1466 9325 GUNSTON RD, SUITE N319 FT BELVOIR, VA 22060-5582 (703) 806-0686	COMMANDER NAVAL FACILITIES ENGINEERING COMMAND CODE: REAT WASHINGTON NAVY YARD 1322 PATTERSON AVE. S.E.; SUITE 1000 WASHINGTON, DC 20374-5065 (202)685-9202	HQ USAF/A30-AC 1480 AIR FORCE PENTAGON RM 5E857 WASHINGTON, DC 20330-1480 (703) 697-5967


PRIVACY ACT STATEMENT

AUTHORITY: 49 U.S. Code, Section 44502(d).

PRINCIPAL PURPOSE(S): When partially completed, indicates desire of an individual or corporation to operate civil aircraft into a military airfield; when validated by a military approving authority, grants an individual or corporation permission to land civil aircraft at a military airfield.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide this information will result in an individual or corporation being unable to operate civil aircraft into a military airfield.

CIVIL AIRCRAFT CERTIFICATE OF INSURANCE <i>(To be completed only by the insurer or an authorized representative.)</i> <i>Please read Privacy Act Statement and Instructions on back before completing.</i>		1. TODAY'S DATE (YYYYMMDD) 2009/08/05	OMB No. 0701-0050
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.</p>			
2. INSURER		3. INSURED (User)	
a. NAME Old Republic Insurance Company By: Phoenix Aviation Managers		a. NAME Civil Air Patrol	
b. ADDRESS (Street, City, State and ZIP Code) 1990 Vaughn Rd., Suite 350 Kennesaw, GA 30144		b. ADDRESS (Street, City, State and ZIP Code) Maxwell AFB Montgomery, AL 36112	
4. AIRCRAFT POLICY DATA			
POLICY NUMBER(S) a.	EFFECTIVE DATE (YYYYMMDD) b.	EXPIRATION DATE (YYYYMMDD) c.	GEORGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.
AV4851712	2009/10/01	2010/10/01	Worldwide
5. AIRCRAFT LIABILITY COVERAGE			
AMOUNT OF INSURANCE FOR <i>(Must be stated in U.S. Dollars)</i>		BODILY INJURY a.	PROPERTY DAMAGE b.
	(1) EACH PERSON		
	(2) EACH ACCIDENT		
6. SINGLE LIMIT <i>(If the aircraft are insured with a single limit of liability, the amount of the single limit must be equal to or greater than the combined amount of bodily injury, property damage, and passenger liability specified in applicable military regulations listed in NOTE 1 on back.) (Must be stated in U.S. Dollars.)</i>			
Combined Liability Coverage for bodily injury, property damage and passenger liability: \$10,000,000.00 each occurrence			
7. EXCESS LIABILITY <i>(If the aircraft are insured by a combination of primary and excess policies, the combined amounts of bodily injury, property damage, and passenger liability, respectively, must be equal to or greater than those specified in applicable military regulations listed in NOTE 1 on reverse.) (NOTE: When this entry is completed, include primary policy numbers or amounts over which the excess applies. Show whether excess applies to bodily injury, property damage, or passenger liability.) (Must be stated in U.S. Dollars.)</i>			
8. PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)			
a. The insurer waives any right of subrogation the insurer may have against the United States by reason of any payment under the policy(ies) for damage or injury which might arise out of or in connection with the insured's use of any military installation or facility.		c. If the insurer cancels or reduces the amount of insurance afforded under the listed policy(ies), the insurer shall send written notice of the cancellations or reduction to the applicable address listed in NOTE 2 on reverse, by registered mail at least thirty days in advance of the effective date of cancellation; the policy must state that any cancellation or reduction will not be effective until at least thirty days after such notice is sent, regardless of the effective date specified therein.	
b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, Hold Harmless Agreement, which is incorporated herein by reference.		d. If the insured requests cancellation or reduction, the insurer shall notify the applicable addressee listed in NOTE 2 on reverse immediately upon receipt of such request.	
9. CERTIFICATION <i>(To be completed by Authorized Insurance Official)</i>			
I certify that insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer. This certificate is valid until the expiration date(s) shown in item 4 unless canceled or superseded in writing, in accordance with items 8c and d.			
a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE Kathy Walton		b. SIGNATURE (Blue Ink) 	
c. TITLE Broker		d. TELEPHONE NUMBER (Include Area Code) (303) 526-5300	

CIVIL AIRCRAFT HOLD HARMLESS AGREEMENT

OMB No. 0701-0050

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NOTE: THIS FORM DOES NOT CONSTITUTE A CIVIL AIRCRAFT LANDING PERMIT.

*Please read Privacy Act Statement and Instructions on back before completing this form.
If additional space is required, continue on back.*

1. THE USER NAMED BELOW, IN CONSIDERATION OF PERMISSION GRANTED BY THE UNITED STATES ARMED FORCES UNDER PL 85-726, 49 USC SECTION 44502(d), TO USE MILITARY AIRFIELD FACILITIES, AGREES:

a. The User releases forever the United States, its agencies, and United States personnel, from every liability arising out of the use of the military airfield, supplies, or services, by the User. The User will defend, pay or settle every claim or suit against the United States, its agencies, and United States personnel, by agents or employees of the User or persons claiming through them, or by third parties, and will hold the United States, its agencies, and United States personnel, harmless against every such claim or suit, including attorney fees, costs, and expenses, arising out of the use of the military airfield or military supplies or services, by the User.

EXCEPTION: Death, injury, loss or damage to persons or property resulting solely from the willful misconduct of United States personnel; and, in addition, any liability from another contract concerning the use of the military airfield, supplies, or services shall not be affected by the Hold Harmless Agreement.

b. The User will pay or settle every claim for death or injury to United States personnel, or for loss or damage to property of or under the control of the United States or United States personnel, arising out of the use of the military airfield or military supplies or services, by the User, unless the death, injury, loss, or damage results solely from the negligence or willful misconduct of United States personnel.

c. For the purposes of this agreement, the term "United States personnel" shall include:

(1) Military personnel and civilian employees of the United States, including non-appropriated fund employees, acting within the scope of their employment, and

(2) Heirs, successors, executors, administrators, and assigns of such employees.

d. The User will comply with all pertinent parts of applicable military regulations listed in NOTE 1 and local supplements, directives, and orders, which are hereby incorporated into this agreement.

e. This agreement replaces previous Hold Harmless Agreements, if any, by the same User, as of the date of this agreement. Termination by the User requires 60 days written notice to the military authority where the agreement was submitted.


NOTE 1 ARMY	NAVY	AIR FORCE
AR 95-2 Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves	32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil	AFI 10-1001 Can be viewed at: http://afpubs.hq.af.mil

2. USER

a. CORPORATION (Name and address of divisions, subsidiaries, or companies of the parent organization named as user and for whom the user is legally liable should also be listed if this agreement is applicable to their use of military airfields.)

(1) TYPED COMPANY NAME(S) <p style="text-align: center;">CIVIL AIR PATROL</p>	(2) COMPANY ADDRESS(ES) 105 SOUTH HANSELL STREET MAXWELL AFB, AL 36112-6332
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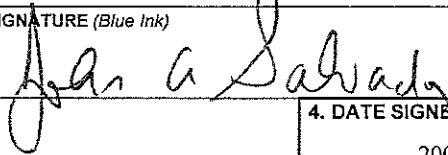
b. INDIVIDUAL OR FIRST CORPORATE OFFICER

(1) TYPED NAME (Last, First, Middle Initial) ROWLAND, DON R.	(2) ADDRESS (If corporation, may state "Same as Above") SAME AS ABOVE
(3) SIGNATURE (Blue Ink) 	(4) TITLE (If corporate officer) EXECUTIVE DIRECTOR

3. VERIFICATION (Complete if the user is a company, corporation, etc.)

I hereby verify that the signatory above holds the position indicated and is duly authorized to sign on behalf of the User.

a. SECOND CORPORATE OFFICER

(1) TYPED NAME (Last, First, Middle Initial) SALVADOR, JOHN A.	(2) SIGNATURE (Blue Ink) 
(3) TITLE DIRECTOR, MISSIONS	4. DATE SIGNED (YYYYMMDD) 20090825