



March Inland Port (KRIV)



March Inland Port Airport Authority
 23555 Meyer Drive
 Riverside, California 92518
 Phone: 951.656.7000

CIVIL AIRCRAFT LANDING PERMIT

PERMIT # _____

Forward this completed form to the Airport Director at goslga@marchjpa.com (EMAIL Signatures Accepted)

SECTION I - INFORMATION REQUIRED FROM USER

Permission is requested to use March Inland Port; a military airfield (KRIV). It is understood and agreed that:

| | | |
|--|--|---|
| <p>a. If I have not already arranged my flight with March Inland Port Airport Authority, I or my agent will contact the Airport Director or Fixed Base Operator (FBO) 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 delay civil aircraft operations to preclude interference with military activities or to protect national security.</p> <p>d. This permit does not entitle my aircraft to receive aviation fuel, oil, or other services from U.S. Government sources. I will utilize the resident FBO for those services.</p> <p>e. This permit does not allow "touch and go" or pilot training. I must land and utilize the resident FBO facilities for GA or public apron and terminals for commercial aviation.</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> |
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|--|--|---|--|--------------------------|-----|--|--------------------------|----|
| 1. USER | | 2. NAME OF AIRFIELD(S) | | | | | | |
| a. NAME | c. ADDRESS: <i>(Street, City, State, Zip Code)</i> | March Air Reserve Base (KRIV) | | | | | | |
| b. RELATIONSHIP TO PARENT ORGANIZATION <i>(If any)</i> | | | | | | | | |
| | | <table border="1"> <tr> <td>INSTRUMENT RATED AND CURRENT?<i>(X one)</i></td> <td><input type="checkbox"/></td> <td>YES</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>NO</td> </tr> </table> | INSTRUMENT RATED AND CURRENT? <i>(X one)</i> | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| INSTRUMENT RATED AND CURRENT? <i>(X one)</i> | <input type="checkbox"/> | YES | | | | | | |
| | <input type="checkbox"/> | NO | | | | | | |

4. PURPOSE OF USE

| 5. AIRCRAFT DATA | | | | | | | | | | | | | | |
|------------------|----------|---------------------------------|-------------|-------------|--|---|-------------------|----|---------------------------|----|----------------|----|----------------------|----|
| a. MANUFACTURER | b. MODEL | c. REGISTRATION NUMBER & TAIL # | d. CAPACITY | | e1. MAX GROSS LANDING WEIGHT <i>(Pounds)</i> | e2. MAX GROSS TAKE OFF WEIGHT <i>(Pounds)</i> | f. EQUIPMENT | | | | | | | |
| | | | 1 CREW | 2 PASSENGER | | | (1) TWO-WAY RADIO | | (2) STROBE WARNING LIGHTS | | 3) TRANSPONDER | | (4) IFR CAPABILITIES | |
| | | | | | | | YES | NO | YES | NO | YES | NO | YES | NO |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| g. ORIGIN | | h. DEPARTING TO | | | i. ETA/Date | | j. ETD/Date | | | | | | | |

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, 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 <i>(Last, First, Middle Initial)</i> | b. TITLE | c. TELEPHONE NO. and EMAIL ADDRESS | d. SIGNATURE <i>(or email signature)</i> | DATE |
| | | | | |

| 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 (dd/mmm/yy) & ETA LCL | b. TO (dd/mmm/yy) & ETD LCL | | 0 | |
| 11. THIS PERMIT IS GRANTED ON PRIOR EXECUTION OF HOLD HARMLESS AND INSURANCE FORMS | | | 12. FUEL ISSUES (X one) | 13. LANDING FEES (X one) |
| a. LP FORM 2400 (Dated Filed) | | b. LP FORM 2402 (Dated and Filed) | | |
| | | | | |
| | | YES NO | | YES NO |
| 14. APPROVING OFFICIAL | | | | |
| a. TYPED OR STAMPED NAME, TITLE AND ORGANIZATION | | | b. SIGNATURE | |
| <p style="text-align: center;">GARY W. GOSLIGA - AIRPORT DIRECTOR MARCH INLAND PORT AIRPORT AUTHORITY</p> | | | | |
| | | | c. DATE SIGNED (MMDDYYYY) | |
| IF ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE (Refer to item number) | | | | |
| | | | | |
| 15. APPROVING OFFICIALS/ENTITIES | | | | |
| March Joint Powers Authority | | United States Air Force | | Aircraft Service Provider |
| March Inland Port Airport Authority Airport Director - Gary Gosliga 23555 Meyer Drive Riverside, California 92518 Phone - 951 656.7000 | | 452nd Air Mobility Wing March Air Reserve Base Airfield Operations Manager - Christopher Davis 2645 Graeber Street, Bldg. 1220 (Base Operations) ARB, CA 92518 655.4403 | | March Phone - 951 |
| | | | | GROUND / FUEL SERVICE PROVIDERS Freeman Holdings of Riverside, LLC. Phone: 951.247.2111 |
| 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 civil and military approving authorities, 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. | | | | |

LANDING PERMIT APPLICATION INSTRUCTIONS

Note: It is preferred you send the completed form to the airport director by email so the airport authority can edit its sections. The airport authority will accept your typed signature and use your email as evidence of your concurrence to the terms herein. Otherwise, simply fax or email a copy of the the originally signed form.

A3.2.1. Block 1a. The name of the owner or operator. (The name of the user must be the same on all the forms.)

A3.2.2. Block 1b. This block should only be completed if the applicant is a subsidiary, division, etc, of another company.

A3.2.3. Block 1c. Business or home address, whichever is applicable, of applicant.

A3.2.4. Block 2. DEFAULT - March Air Reserve Base (KRIV)

A3.2.5. Block 3. Self-explanatory. (Users will not necessarily be denied landing rights if pilots are not instrument rated and current.)

A3.2.6. Block 4. Provide a brief explanation of purpose for use. (The verification specified for each purpose of use must be included with the application.)

A3.2.7. Block 5. EXCEPT AS NOTED FOR BLOCK 5C, ALL ITEMS MUST BE COMPLETED.

A3.2.8. Block 5a and Block 5b. Self-explanatory.

A3.2.9. Block 5c. If the Certificate of Insurance, indicates coverage for "any aircraft of the listed model owned and or operated," the same statement can be used in block 5c in lieu of specific registration numbers.

A3.2.10. Block 5d. The capacity provided must reflect only the number of crew required to operate the aircraft. The remaining seats are considered passenger seats.

A3.2.11. Block 5e1 and e2. Self-explanatory.

A3.2.12. Blocks 5f. A two-way radio is required. Landing rights will not necessarily be denied for lack of strobe lights, a transponder, or IFR capabilities.

A3.2.13. Block 5 g. Where you are flying from (Origin)

A3.2.14. Block 5 h. Where you are flying to (Destination)

A3.2.15. Block 5 i. Estimated time of arrival (LCL Time/Day) **ie. 2110/21**

A3.2.16. Block 5 j. Estimate time and date of departure (LCL Time/Day) **ie. 1420/22**

A3.2.17. Block 6a. Self-explanatory.

A3.2.18. Block 6b. If the applicant is an individual, this block should not be completed.

A3.2.19. Block 6c. This block should contain a daytime telephone number.

A3.2.20. Block 6d. Type in Name "As Originally Signed"

A3.2.21. Block 6e. Self-explanatory.

A3.2.22. THE REVERSE OF THE FORM MAY BE USED IF ADDITIONAL SPACE IS REQUIRED.

BLOCKS 7A THROUGH 14C ARE NOT COMPLETED BY THE APPLICANT.

A3.2.23. Blocks 7a and 7b. The expiration date of a permit is determined by the insurance expiration date or the purpose of use. For example, the dates of an air show will determine the expiration date of a permit approved for participation in the air show. If the insurance expiration is used to determine the permit expiration date, the landing permit will expire one day before the insurance expiration date shown on the Insurance Form, or 2 years from the date the permit is issued when the insurance expiration date either exceeds 2 years or is conditional (for example, "5 years").

A3.2.24.

APPROVED PERMITS CANNOT BE CHANGED WITHOUT THE CONSENT OF THE APPROVING AUTHORITY.