Illinois Department of Transportation

Application for Waiver

Applicant Name
Mailing Address
City/State/Zip
Name of Airport/Restricted Landing Area/Heliport
Division Rules and Regulations to be Waived
Description and Reason for Requesting Waiver (if a drawing is necessary, use reverse side)

Signature of Applicant

Date

Above checked and found to be accurate

Flight Safety Coordinator Date

Approval Recommended

Bureau Chief Date

Approval

Director Date

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is VOLUNTARY; however, failure to comply may result in this form not being processed.

The original signed copy of this form must be submitted to the Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Springfield, IL 62707-8415, Attn: Aviation Safety. To expedite processing, this completed signed form may be scanned and emailed to aeroavsafety@dot.il.gov or faxed to 217/785-4533.