



Application for Waiver of Landing Fees

for all government, military and not-for-profit/charitable medical flights

Name of Organization & Individual: _____

Address: _____

State: _____ Zip Code: _____ Contact: _____

Phone: _____ Email: _____

Aircraft Registration Number: _____

Aircraft Weight: _____

Aircraft Make & Model: _____

I certify that the registration is for the purposes of not-for-profit/charitable medical flight for the purposes of patient transport and other OR military OR government-related purposes, and I hereby request the waiver of normal landing fees at Long Island MacArthur Airport (ISP).

I understand that the waiver of fees is subject to the approval of the Airport Commissioner and that the application may be subject to verification and audit.

PRINT NAME

TITLE

SIGNATURE

DATE

APPROVED BY: _____

Please email this form to Steve Siniski, the Airport Administrative Supervisor: SSiniski@IslipNY.gov