



UNITED STATES MARINE CORPS
MARINE CORPS AIR FACILITY
2100 ROWELL ROAD
QUANTICO, VIRGINIA 22134-5063

AFO 3770.1C
AF 143
8 Dec 93

AIR FACILITY ORDER 3770.1C

From: Commanding Officer
To: Distribution List

Subj: AVIATION FACILITY LICENSES

Ref: (a) SECNAVINST 3770.1C

Encl: (1) Civil Aircraft Landing Permit (DD Form 2401)
(2) Current Instructions for Completing Civil Aircraft Landing Permit As Of 08 July 1993
(3) Certificate of Insurance (DD Form 2400)
(4) Current Instructions for Completing Civil Aircraft Certificate of Insurance By Insurer As Of 08 July 1993
(5) Civil Aircraft Hold Harmless Agreement (DD Form 2402)
(6) Current Instructions for Completing Civil Aircraft Hold Harmless Agreement As of 08 March 1993

1. Purpose. To promulgate instructions concerning applications for and issuance of Aviation Facility Licenses.

2. Cancellation. AFO 3770.1B.

3. Background. Reference (a) establishes the policies and procedures for the utilization of Navy and Marine Corps aviation facilities by aircraft other than United States Department of Defense aircraft. Department of Defense aircraft are defined in the reference. Additionally, reference (a) has delegated the authority to issue Civil Aircraft Landing Permits to the Commanding Officer of a Marine Corps aviation facility, except in certain circumstances.

4. Action

a. Applicants desiring use of this facility are required to:

(1) Execute an application for Civil Aircraft Landing Permit (Enclosure (1)) in quadruplicate, using enclosure (2) as a guide.

(2) Complete one (1) Certificate of Insurance (Enclosure (3)) with original signature, using enclosure (4) as a guide.

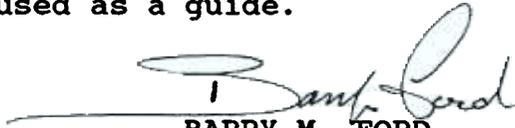
AFO 3770.1C
8 Dec 93

(3) Forward all copies of the above forms for approval
to:

Commanding Officer
Marine Corps Air Facility
2100 Rowell Rd.
Quantico, VA 22134-5063

b. Any aircraft may land at this facility when necessary as a result of bona fide emergency.

c. After an emergency landing and/or unauthorized landing, the Airfield Operations Officer shall cause the pilot to include a narrative statement of the circumstances pertaining to the emergency/unauthorized landing and sign the attached waiver of any right of subrogation against the United States. Enclosures (5) and (6) shall be used as a guide.



BARRY M. FORD

DISTRIBUTION: A plus AF Airfield Ops (10)

CIVIL AIRCRAFT LANDING PERMIT (DD FORM 2401)

CIVIL AIRCRAFT LANDING PERMIT					Form Approved OMB No. 0701-0050 Expires Apr 30, 1997						
Read Privacy Act Statement on reverse before completing this form. If additional space is required, continue on reverse identifying by item number.											
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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0050), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to address in Note 2 on reverse.											
SECTION I - INFORMATION REQUIRED FROM USER											
Permission is requested to use the listed military airfield(s). It is understood and agreed that:											
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.			c. Commanders of military installations may restrict civil aircraft operations to preclude interference with military activities or to protect national security.			e. On-board personnel are not authorized activities except for purposes directly connected with this permit.					
b. When required, I or my agent will obtain diplomatic or overflight clearance when operating over international borders.			d. This permit does not necessarily entitle my aircraft to receive aviation fuel, oil, or other services from U.S. Government sources.			f. Use is limited to the listed aircraft, period indicated, purpose stated, and conditions shown, and is not transferable.					
g. An approved copy of this permit must be aboard each aircraft using the military airfield.											
a. NAME		c. ADDRESS (Street, City, State, Zip Code)				d. NAME OF AIRFIELD(S) TO BE USED					
b. RELATIONSHIP TO PARENT ORGANIZATION (if any)						3. ARE PILOTS INSTRUMENT RATED AND CURRENT (X one)					
						YES		NO			
4. PURPOSE OF USE											
RECEIVED											
5. AIRCRAFT DATA											
a. MANUFACTURE	b. MODEL	c. REGISTRATION NUMBER	d. CAPACITY		e. MAX GROSS TAKE-OFF WEIGHT (POUNDS)	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
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			b. TITLE		c. TELEPHONE NUMBER		d. SIGNATURE (Blue Ink)			e. DATE SIGNED (YYYYMMDD)	

AFO 3770.1C
8 Dec 93

SECTION II - FOR USE BY APPROVING AUTHORITY			
7. PERIOD OF USE a. FROM (YYYYMMDD)		8. FREQUENCY OF USE	9. IDENTIFICATION NO.
b. THRU (YYYYMMDD)		10. THIS PERMIT SUPERSEDES PERMIT NO. (Identification No.)	
11. THIS PERMIT IS GRANTED ON PRIOR EXECUTION OF DD FORMS 2400 AND 2402			12. CREDIT AUTHORIZED FOR FUEL ISSUES (X one)
a. DD FORM 2400 (Dated and Filled)		b. DD FORM 2402 (Dated and Filled)	
		a. YES	
		b. NO	
13. LANDING FEES (X one)			
14. APPROVING OFFICIAL			
a. TYPED OR STAMPED NAME, TITLE AND ORGANIZATION		b. SIGNATURE	
		c. DATE SIGNED (YYYYMMDD)	

F ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE (Refer to Item number)

S
D
H
R
E

	ARMY	NAVY	AIR FORCE
NOTE 1	AR 95-2	SECNAVINST 3770.18	AFR 55-20
NOTE 2	DIRECTOR USAASO CAMERON STATION ALEXANDRIA, VA 22304-5050	COMMANDING OFFICER MARINE CORPS AIR FACILITY 2100 ROWELL RD. QUANTICO, VA 22134-5063	HEADQUARTERS USAF/PRPJB ROOM 5C1000, PENTAGON WASHINGTON, DC 20330-5248

Privacy Act Statement

AUTHORITY: 49 U.S. Code, 1507

PRINCIPAL PURPOSE: 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: 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.

D Form 2401 Reverse, NOV 90

ENCLOSURE (1)

CURRENT INSTRUCTIONS FOR COMPLETING CIVIL AIRCRAFT LANDING
PERMIT AS OF 08 JULY 1993
(DD FORM 2401, NOV 90)

REFERENCE - SECNAVINST 3770.1C, Subj: Use of Department of the Navy aviation facilities by other than United States Department of Defense aircraft.

COPIES REQUIRED* - Original plus three copies, all with original signatures, of the application for a Landing Permit; an original of the Civil Aircraft Certificate of Insurance (DD Form 2400) with an original signature; and an original of the Civil Aircraft Hold Harmless Agreement (DD Form 2402), with an original signature.

WHEN TO APPLY - At least 30 days in advance. Sufficient time is required for processing, notification of facilities, and return of permit to the aircraft operator (must be on board at time of landing).

SPECIAL NOTES - Section I, Items 1 through 6, must be completed. Section II is for use by the approving authority only.

Item 1a - User's name must be included as an insured on the Civil Aircraft Certificate of Insurance (DD Form 2400), and must be shown as user on the Civil Aircraft Hold Harmless Agreement (DD Form 2402).

Item 4 - Provide complete (but brief) reason(s) for request; i.e., provide statement of purpose, cite contract numbers, etc., and place as close to the top of the item block as possible.

Item 5 - Column c: If insurance coverage so indicates, registration number(s) may be omitted and the applicant may enter the statement "Any aircraft of the listed model(s) owned and/or operated by (name of users)." Other columns in Item 5 must be completed.

Item 6d - All copies must bear original signature and must be signed in ink, preferably any color other than black. Rubber stamps, signature stamps, camera copies signatures, or any type of facsimile signatures are not acceptable.

ENCLOSURE (2)

AFO 3770.1C
8 Dec 93

*MAIL APPLICATION FOR A CIVIL AIRCRAFT LANDING PERMIT (DD FORM 2401) WITH THE CIVIL AIRCRAFT HOLD HARMLESS AGREEMENT (DD FORM 2402) AND THE CIVIL AIRCRAFT CERTIFICATE OF INSURANCE (DD FORM 2400) TO:

Commander, Naval Facilities Engineering Command
Attn: Miss Juanita Faye Beall, Code 141JB
200 Stovall Street, Room 10N45
Alexandria, VA 22332-2300

ASSISTANCE - Write to the above address, or telephone Miss Beall at (703) 325-0475.

ENCLOSURE (2)

CERTIFICATE OF INSURANCE (DD FORM 2400)

CIVIL AIRCRAFT CERTIFICATE OF INSURANCE (To be completed only by the insurer or an authorized representative.) Please read Privacy Act Statement and Instructions on reverse before completing.		1. DATE ISSUED (YYMMDD)	Form Approved C-448 No. 0701-0050
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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0050), Washington, DC 20503.			
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES: SEND YOUR COMPLETED FORM TO ADDRESS IN NOTE 2 ON BACK.			
2. INSURER		3. INSURED (User)	
a. NAME (Last, First, Middle Initial)		a. NAME (Last, First, Middle Initial)	
b. ADDRESS (Street, City, State and ZIP Code)		b. ADDRESS (Street, City, State and ZIP Code)	
4. AIRCRAFT POLICY DATA			
POLICY NUMBER(S) a.	EFFECTIVE DATE (YYMMDD) b.	EXPIRATION DATE (YYMMDD) c.	AIRCRAFT REGISTRATION NUMBER(S) e.
GEOGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.			
5. AIRCRAFT LIABILITY COVERAGE			
AMOUNT OF INSURANCE FOR (Must be stated in U.S. Dollars)	EACH PERSON	BODILY INJURY	PASSENGER
	EACH ACCIDENT	PROPERTY DAMAGE	
6. SINGLE LIMIT. (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 minimum amount of bodily injury, property damage, and passenger liability specified in applicable military regulations listed in NOTE 1 on reverse.) (Must be stated in U.S. Dollars)			
7. EXCESS LIABILITY. (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)			
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 (To be completed by Authorized Insurance Official)			
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		b. SIGNATURE (Blue Ink)	
c. TITLE		d. TELEPHONE NUMBER (Include Area Code)	

Privacy Act Statement

AUTHORITY: 49 U.S. Code, 1507.
PRINCIPAL PURPOSE: Indicates an insurance company's certification of current third party insurance liability required for an individual or corporation to operate civil aircraft into military aviation facilities.
ROUTINE USE: None.
DISCLOSURE: Voluntary; however, failure to provide this information will result in an individual or corporation being unable to operate civil aircraft into military aviation facilities.

INSTRUCTIONS FOR COMPLETION OF DD FORM 2400

This form is to be completed only by the insurer or authorized representative.

1. Complete all applicable items. Continue below if additional space is required. Refer to item number(s).
2. Sign original of this form and send to the applicable address listed in NOTE 2 below. Send a copy to each approving authority to which a DD Form 2401 is submitted for approval. All copies of form must be signed with original signatures. Signature stamps, camera copied signatures, or any type facsimile signatures are unacceptable.
3. All items are self-explanatory except:
 - Item 4d - List the geographical area or geographical limits within which the policy(ies) apply.
 - Item 4e - The statement "All aircraft owned or operated by the insured," is acceptable and preferred.

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

307M

	ARMY	NAVY	AIR FORCE
NOTE 1	AR 95-2	SECNAVINST 3770.1B	AFR 55-20
NOTE 2	DIRECTOR USAASO CAMERON STATION ALEXANDRIA, VA 22304-5050	COMMANDING OFFICER MARINE CORPS AIR FACILITY 2100 ROWELL RD. QUANTICO, VA 22134-5063	HEADQUARTERS USAF/PRPJ8 ROOM 5C1000, PENTAGON WASHINGTON, DC 20330-5248

DD Form 2400 (Back), NOV 90

ENCLOSURE (3)

CURRENT INSTRUCTIONS FOR COMPLETING CIVIL AIRCRAFT CERTIFICATE
OF INSURANCE BY INSURER AS OF 08 JULY 1993
(DD FORM 2400, NOV 90)

REFERENCE - SECNAVINST 3770.1C, Subj: Use of Department of the Navy aviation facilities by other than United States Department of Defense aircraft.

COPIES REQUIRED* - Original with an original signature for the Navy and a copy with an original signature for the Insured.

WHEN NEEDED - To accompany each request for a "Civil Aircraft Landing Permit, DD Form 2401, Nov 90).

SPECIAL NOTES - Complete Items 1-5, 9 and 6,7 as appropriate. Use "If additional space is required, continue here" on back of certificate if more space is required.

Item 3a - Name of Insured must include the user name shown on the Civil Aircraft Landing Permit (DD Form 2401, Nov 90).

Item 4e - The statement of "All aircraft owned and/or operated by the named insured" may be used and is preferred

Item 5 - Must be listed in U.S. Dollars. See Page 2 of this Instruction Sheet for the required coverage.

Item 6 - 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 coverage specified on Page 2 of this Instruction Sheet.

Item 7 - If the aircraft are insured by a combination of primary and excess policies, the combined amounts must be equal to or greater than the combined coverage specified on Page 2 of this Instruction Sheet.

SIGNATURE (ITEM 9b) - Certificate must bear original signature. All copies must be signed in ink, preferably any color other than black. Rubber stamps, signature stamps, camera copied signatures, or any type of facsimile signatures are not acceptable.

*MAIL TO - Insured (not the Navy), to be forwarded with the Civil Aircraft Landing Permit (DD Form 2401, Nov 90) and/or a request for a Amendment to their license/permit.

ASSISTANCE - Telephone: Miss Juanita Faye Beall, NAVFAC Code 141JB at (703) 325-0475.

ENCLOSURE (4)

MINIMUM LIABILITY INSURANCE COVERAGE REQUIRED

Types and limits of aircraft liability insurance coverage required for each applicant applying to use Navy/Marine Corps aviation facilities shall not be less than the following:

WITH PASSENGERS

All Commercially-Operated aircraft and/or ANY aircraft with maximum gross takeoff weight (MGTOW) of 12,500 lbs or more:

Bodily Injury: \$100,000 per person, \$1,000,000 per accident

Property Damage: \$1,000,000 per accident

Passengers: \$100,000 each passenger, (*) each accident [(*) = 75% of the seating capacity (to the next highest whole number, if a fraction) multiplied by \$100,000 each.

Example: 94 passenger aircraft: $94 \times .75 = 70.5$; $71 \times 100,000 = \$7,100,000$

NOTE: Single limit for 94 passenger aircraft as above would be \$9,100,000 (\$1,000,000 + \$1,000,000 + \$7,100,000)

Non-Commercially Operated aircraft under MGTOW of 12,500 lbs:

Bodily Injury: \$100,000 per person, \$500,000 per accident

Property Damage: \$500,000 per accident

Passengers: \$100,000 each passenger, (**) each accident [(**) = Seating capacity multiplied by \$100,000 each seat.

Example: 6 passenger aircraft: $6 \times \$100,000 = \$600,000.$

NOTE: Single Limit for 6 passenger aircraft as shown above would be \$1,600,000 (\$500,000 + \$500,000 + \$600,000)

WITHOUT PASSENGERS

ALL Commercially-Operated aircraft and/or ANY aircraft with maximum gross takeoff weight (MGTOW) of 12,500 lbs or more:

Bodily Injury: \$100,000 per person, \$1,000,000 per accident

Property Damage: \$1,000,000 per accident

NOTE: Single limit for aircraft as above would be \$2,000,000 (\$1,000,000 + \$1,000,000)

Non-Commercially Operated aircraft under MGTOW of 12,500 lbs:

Bodily Injury: \$100,000 per person, \$500,000 per accident

Property Damage: \$500,000 per accident

NOTE: Single Limit for aircraft as above would be \$1,000,000 (\$500,000 + \$500,000)

CIVIL AIRCRAFT HOLD HARMLESS AGREEMENT (DD FORM 2402)

CIVIL AIRCRAFT HOLD HARMLESS AGREEMENT		Form Approved OMB No. 0701-0050						
<p><small>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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paperwork Reduction Project (0701-0050), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to address in Note 2 on reverse.</small></p>								
<p>NOTE: THIS FORM DOES NOT CONSTITUTE A CIVIL AIRCRAFT LANDING PERMIT. Please read Privacy Act Statement and Instructions on reverse before completing this form. If additional space is required, continue on reverse.</p>								
<p>1. THE USER NAMED BELOW, IN CONSIDERATION OF PERMISSION GRANTED BY THE UNITED STATES ARMED FORCES UNDER PL 85-726, 49 USC 1507, TO USE MILITARY AIRFIELD FACILITIES, AGREES:</p>								
<p>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.</p> <p>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.</p> <p>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.</p>	<p>c. For the purposes of this agreement, the term "United States personnel" shall include:</p> <p>(1) Military personnel and civilian employees of the United States, including non-appropriated fund employees, acting within the scope of their employment, and</p> <p>(2) Heirs, successors, executors, administrators, and assigns of such employees.</p> <p>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.</p> <p>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.</p>	<p>NOTE 1:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">ARMY</td> <td style="text-align: center;">NAVY</td> <td style="text-align: center;">AIR FORCE</td> </tr> <tr> <td style="text-align: center;">AR 95-2</td> <td style="text-align: center;">SECNAVINST 3770.1B</td> <td style="text-align: center;">AFR 55-20</td> </tr> </table>	ARMY	NAVY	AIR FORCE	AR 95-2	SECNAVINST 3770.1B	AFR 55-20
ARMY	NAVY	AIR FORCE						
AR 95-2	SECNAVINST 3770.1B	AFR 55-20						
<p>2. USER</p> <p>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.)</p>								
<p>(1) Typed Company Name(s)</p>	<p>(2) Company Address(es)</p>							
<p>b. INDIVIDUAL OR FIRST CORPORATE OFFICER</p>								
<p>(1) Typed Name</p>	<p>(2) Address (If corporation, may state "Same as Above")</p>							
<p>(3) Signature (Blue Ink)</p>	<p>(4) Title (If corporate officer)</p>							
<p>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.</p>								
<p>a. SECOND CORPORATE OFFICER</p>								
<p>(1) Typed Name</p>	<p>(2) Signature (Blue Ink)</p>							
<p>(3) Title</p>								
<p>4. DATE SIGNED (YYMMDD)</p>								

DD Form 2402, NOV 90

Previous editions are obsolete.

ENCLOSURE (5)

Privacy Act Statement

AUTHORITY: 49 U.S. Code, 1507

PRINCIPAL PURPOSE: Indicates certification by an individual or corporation to hold the U.S. Government harmless in consideration of permission granted for the operation of civil aircraft into military aviation facilities. Used in conjunction with DD Forms 2400 and 2401. It is maintained indefinitely.

ROUTINE USE: 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 aviation facility.

5. REMARKS (If additional space is required, continue here. Refer to item number.)

U
P
3
0
E

INSTRUCTIONS

1. Form must be filed along with DD Forms 2400 and 2401 to obtain a civil aircraft landing permit.
2. Complete all applicable items and submit to appropriate addresses in Note 2 below.
3. If the user is a corporation/company, all blocks must be completed and the form must be signed by two different corporate officers. If the user is an individual, only items 2b and 4 should be completed.
4. Original, handscripted signatures are required. Signature stamps, camera copied signatures, or any type of facsimile signatures are unacceptable.

ARMY	NAVY	AIR FORCE
<p>NOTE 2</p> <p>DIRECTOR USAASO CAMERON STATION ALEXANDRIA, VA 22304-5050</p>	<p>COMMANDING OFFICER MARINE CORPS AIR FACILITY 2100 ROWELL RD. QUANTICO, VA 22134-5063</p>	<p>HEADQUARTERS USAF/PRPB ROOM 5C1000, PENTAGON WASHINGTON, DC 20330-5248</p>

DD Form 2402 Reverse, NOV 90

ENCLOSURE (5)

CURRENT INSTRUCTIONS FOR COMPLETING CIVIL AIRCRAFT HOLD
HARMLESS AGREEMENT AS OF 08 MARCH 1993
(DD FORM 2402, NOV 90)

COPIES REQUIRED - Original with an original signature(s) only.

WHEN NEEDED - Must accompany all requests for a Civil Aircraft Landing Permit.

SPECIAL NOTES - Complete Items 2 and 3; and Item 4 as appropriate.

Item 2a(1) and (2) - Must be completed when the User is a corporation, incorporated, company, etc. User's name must be the same on all three required forms (DD 2400, DD 2401, and DD 2402).

Item 2b(1) through (4) - Must be completed

Item 3a(1) through (3) - Must be completed if the user is a company, corporation, incorporated, etc., and must be verified by an officer of the corporation other than the one signing in Item 2b(3).

Item 4 - Must be dated.

SIGNATURES (Items 2b(3) and 3a(2)) - All copies must bear original signatures and must be signed in ink, preferably any color other than black. Rubber stamps, signature stamps, camera copied signatures, or any type of facsimile signatures are not acceptable.

ASSISTANCE - Telephone Miss Juanita Faye Beall, NAVFAC Code 141JB at (703) 325-0475.

ENCLOSURE (6)