

Exhibit "D"

MIDLAND INTERNATIONAL AIRPORT LEASE APPLICATION

RETURN THIS COMPLETED APPLICATION TO:

City of Midland, Director of Airports, P. O. Box 60305, Midland, TX 79711

Use this Application Form to request a Lease of Land, Facilities, or Commercial Rights at the Midland International Airport. Complete all blocks with the appropriate information; mark blocks "N/A" when they do not apply to your request. Continue on separate sheets if additional room is required.

1. INITIAL THE LEASE OR LEASES FOR WHICH YOU ARE APPLYING:

- _____ **COMMERCIAL LEASE:** All persons (other than transient aircraft operators) using the Midland International Airport for commercial purposes are required to enter into a non-exclusive lease agreement with the City for the right to conduct such commercial activities on City property (e.g., the Airport).
- _____ **LAND LEASE:** All persons wishing to construct improvements at the Airport must first enter into a Land Lease for a suitable Parcel. Return this form, with \$250.00 earnest money to the Director of Airports who will initiate the lease approval process, which will include approval/disapproval by the City Council.
- _____ **FACILITY LEASE:** All persons wishing to occupy City-owned improvements at the Airport must first enter into a Facility Lease for the desired facility. Return this form, with \$250.00 earnest money to the Director of Airports who will initiate the lease approval process, which will include approval/disapproval by the City Council.

2. APPLICANT INFORMATION:

Name: _____ Phone: (_____)_____-_____.
Address: _____ Fax: (_____)_____-_____.
_____ E-mail: _____

If applying as a business or other legal entity: Business Name: _____
President/CEO: _____ d.b.a. _____

3. ACTIVITIES PROPOSED: Initial activities proposed to be conducted. For commercial activities, you will be required to conduct those activities proposed, and must also obtain a City of Midland Business Registration, when required by law.

- | | |
|---|--|
| _____ <u>Customer Services:</u> | _____ Sales, leasing, financing, insuring and/or brokerage of aircraft, airframes, engines, and/or other aeronautical items. |
| _____ Food services including catering, restaurants, etc. | _____ Storage of aircraft and parts. |
| _____ Temporary lodging, such as hotel and motel operations. | _____ Line Services (see Commercial Policy). |
| _____ Transportation services, such as rental cars, shuttle buses, and taxis. | _____ <u>On-Demand Flying Services:</u> |
| _____ <u>Airline Operations:</u> | _____ Aerial photography or survey. |
| _____ Air Carrier or Air Taxi Operations. | _____ Agricultural operations (including "crop dusting"). |
| _____ Transportation of cargo and/or mail by aircraft. | _____ Aircraft Charter operations for any purpose. |
| _____ Other scheduled air transportation services or patrol activities. | _____ Aircraft rental to the public. |
| _____ <u>Aircraft Support Services:</u> | _____ Banner towing. |
| _____ Aircraft manufacture, maintenance, repair and storage (as defined by the FARs): | _____ Corporate Flight Operations. |
| _____ Aircraft painting and/or washing using chemicals. | _____ Dropping objects from aircraft. |
| _____ Aircraft major and minor repair and maintenance. | _____ Fire fighting (water and chemical applications) and 'smoke jumping'. |
| _____ Manufacture, repair, or reconditioning of either new and/or used aircraft and/or parts. | _____ Pilot instruction conducted independently of an FAR Part 141 certified flight school. |
| _____ Specialized repair services for aircraft appliances or aircraft components. | _____ Pilot Schools conducted in accordance with FAR Part 141. |
| _____ Warranty or guarantee service or supply. | _____ Parachute jumping. |
| _____ Flammable liquid storage and/or sales. | _____ Sightseeing flights. |
| _____ Preventive Maintenance for aircraft. | _____ Other (list): _____ |
| | _____ |
| | _____ |

The City Council may elect to review any application for approval, modification, or disapproval.

(Applicants Initials)

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4. Aircraft to be based on the Leasehold (if any):

Class	Category	How Many	Proposed Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Toxic or hazardous chemicals/substances, subject to regulation, permitting, and inspection by the EPA or NM State Environment Department, to be used/stored on the leasehold or other location on the Airport:

6. Briefly Describe Your Proposed Land or Facility Requirements and Location on the Airport:

7. FOR FACILITY LEASES ONLY: What Lease Terms do You Desire:

_____ Maximum. Initial Term: One (1) year, with four (4) one (1) year optional extended terms.

_____ Other. Describe:

8. FOR LAND LEASES ONLY: Briefly Describe the Proposed Improvements You Plan to Construct:

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9. FOR COMMERCIAL LEASES ONLY:

- What is Your Proposed Occupancy on the Airport?

_____ Tenant of the City _____ Sub-let from another Lessee or Tenant _____ Non-Resident ("Through-the-Fence")

- City of Midland Business Registration/License Number: _____ Expiration Date: _____.

- List any Positions Which Will Require FAA or EPA Certification or Licensure:

Number	Job Title	License or Certificate Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

- List the Hours of Proposed Operation for Your Business. You will be Required to Operate No Less Than at Those Times Listed. (FBOs offering Line Services must be open 7:00 a.m. - 7:00 p.m. daily):

Monday: _____ or 24 HOURS	Friday: _____ or 24 HOURS
Tuesday: _____ or 24 HOURS	Saturday: _____ or 24 HOURS
Wednesday: _____ or 24 HOURS	Sunday: _____ or 24 HOURS
Thursday: _____ or 24 HOURS	Holidays: _____ or 24 HOURS

10. Amount and Types of Insurance Coverage to be Obtained (see current Airport Policies for required coverage):

<u>TYPE INSURANCE</u>	<u>MINIMUM AMOUNTS</u>	<u>AMOUNT TO BE OBTAINED</u>
<i>General Liability:</i>	Each Incident \$1,000,000	_____
<i>Fire Casualty:</i>	Each Accident \$ 300,000	_____
<i>Environmental Mediation:</i>	Each Incident \$1,000,000	_____
<i>Other:</i>		_____

APPLICANT'S CERTIFICATION: The above application is true and complete to the best of my knowledge.

(Date of Application)

(Printed or typed Name of Applicant)

(Signature of Applicant)

Return this form to the Director of Airports for processing, with the following attached:

- Any additional information continued from the application, referenced by question number.
- Proof of Insurance.
- If sub-letting, a copy of the sub-letting agreement.
- If operating an FAA Certified business, a copy of the Certificate.

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CONTINUATION SHEET.

Please continue any narrative from the application on this page.

Please reference your continuation by number.

Please attach additional continuation pages as required.

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