

Application for Performing Commercial Aeronautical Services at DTW

Date Submitted: Click here to enter a date.

Please submit this completed Application and Supporting Documents to therese.lasswell@wcaa.us. Please also referred to "Minimum Standards for Commercial Aeronautical Services at Detroit Metropolitan Wayne County Airport" (Minimum Standards) for additional guidance.

Section 1	Applicant Contact	Information		
Business Name: Street Address: City, State, Zip code:	Click here to enter text. Click here to enter text. Click here to enter text.			
Main Office Contact Name:	Click here to enter text.	Telephone	#: Click here to enter text.	
E-mail:	Click here to enter text.	Cell #:	Click here to enter text.	
Local Contact Name: E-mail:	Click here to enter text. Click here to enter text.	Telephone Cell #:	#: Click here to enter text. Click here to enter text.	
Are you providing servi	ces to a Signatory Airline on		. If "Yes", Go to Section 2 . if "No", Complete Section 1	
Billing Contact Name: E-mail:	Click here to enter text. Click here to enter text.	Telephone Cell #:	#: Click here to enter text. Click here to enter text.	
If Business is a Corporation, Partnership, or Joint Venture please complete:				
Corporate Officers / Dire	ectors / Partners / Members:			
Name: Click here to enter text. Telephone #: Click here to enter text. Address Name: Click here to enter text. Telephone #: Click here to enter text. Address: Click here to enter text. Name: Click here to enter text. Telephone #: Click here to enter text. Address: Name: Click here to enter text. Telephone #: Click here to enter text. Address: Name: Click here to enter text. Telephone #: Click here to enter text. Address: Name: Click here to enter text. Telephone #: Click here to enter text. Address: Click here to enter text.			Click here to enter text.	
Do any of the above indiviprovider at DTW? ☐ Yes ☐ No	idual(s) have a controlling inter	rest in another c	ommercial aeronautical service	
If "Yes", please list the individual(s) and the affiliated Company:				



Section 2	Aeronautical Services to Provide
Please indicate Aeronautical Ser	vices to Provide:
Ground Handling Services Line Maintenance Services Full Maintenance Services Into-Plane Fuel Services Waste Disposal Services Ground Equipment Rental / Maintel Baggage Delivery Services Aircraft Cleaning Sale of Aircraft Fuels and Oils Air Cargo Services – Air Cargo Hand Air Cargo Services – Cargo Wareho Air Cargo Services – Air Cargo Tran Other – Please Describe - Click here	enance dler use Operator sporter
Guier Trease Bescribe Growthon	
Section 3	Supporting Documentation
Supporting Documentation Attack	
Business Plan – include service det Certified Financial Statement – cur Credit Report – covering all busine Personnel List – include resumes a Licenses and Permits – provide cop Proof of Insurance – See section 6. Agreements between Applicant an	ails, space and facility requirements, and proposed operating location rent, prepared per GAAP ss activities for past 10 years nd duties and responsibilities at DTW pies of licenses, certifications and permits for key employees of Minimum Standards d Serviced Air Carrier
Letter from Serviced Air Carrier Ce	rtifying Applicant Meets Serviced Air Carrier Minimum Standards