

**MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND AVIATION ADMINISTRATION**

Permits

P.O. Box 8766, BWI Airport
Maryland 21240-0766
Tel. 410-859-7796
Fax: 410-859-5440

APPLICATION FOR INSTALLATION PERMIT

GENERAL INFORMATION (To be completed by the applicant, please print)	
Project Name:	Airport <input type="checkbox"/> BWI <input type="checkbox"/> MTN
Project Location (Bldg./Terminal, Level, Holdroom, Room No. etc.):	Tenant Space No.:
Name of Tenant:	Tel.:
	E-mail:
Applicant/Contact Person:	Tel.:
Representing:	Cell No.:
Mailing Address:	Fax No.:
	E-mail:
The Installation is for: Exterior Signage Security Equipment Interior Signage Food Service Equipment Ticket/Information Counter Exhibit Dish/Antenna Data/Cable Other (Please Indicate):	Check Appropriate Box: New Installation Replacement Modification
Project Description:	MAA Only Funding Source:
Name of Contractor/Installer:	Tel.:
	Cell/Emergency No.:
Name of Contact:	E-mail:
Maryland Contractor's License Number: <i>* Attach Photocopy of Current MD Contractor's License and Insurance Certificate.</i>	Expiration Date:
Check Appropriate Box:	
Will the installation require alteration to electrical/mechanical systems?	Will the installation require the use of new data outlets/cables?
Will the installation involve "Hot Work/Welding?"	Will the installation involve Trenching and Excavation?
Will a crane be used during installation?	Will the work be done in a "Confined Space?"
Temporary Installation If the installation is temporary, indicate for how long: (Please select one) Less than 3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6- 12 months More than 12 Months * The applicant will be required to restore/patch existing surfaces to their original condition when the installation is removed.	
Applicant's Signature: _____ Date: _____	
FOR OFFICE USE ONLY	
Complete Application Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Management Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Contractor's License <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit Coordinator:	Date:
Date Received:	IP Number:
Date of Meeting:	
Date of Release:	