

## **Ben Lowell Competition (US Air Force Academy)**

### **Civil Aircraft Landing Permit Guide**

In accordance with Air Force guidance ([Air Force Instruction 10-1001, Civil Aircraft Landing Permits](#)) a Civil Aircraft Landing Permit is required for each institution/organization participating in the Ben Lowell Competition at the U.S. Air Force Academy (USAFA).

The Air Force authorizes use of its airfields for a specific purpose by a named individual or company. The authorization cannot be transferred to a second or third party and does not extend to use for other purposes. An approved landing permit does not obligate the Air Force to provide supplies, equipment, or facilities other than the landing, taxiing, and parking areas. The aircraft crew and passengers are only authorized activities at the installation directly related to the purpose for which use is granted. All users are expected to submit their application (DD Forms 2400, 2401, and 2402) at least 30 days before intended use. Failure to comply with this time limit may result in denied landing rights.

#### **APPLICATION PROCEDURES: (See Attachment 1 for detailed guidance for completing forms)**

To allow time for processing, the application (DD Forms 2400, 2401, and 2402) must be submitted at least 30 days before the date of the first intended landing. The name of the user must be the same on all forms. Original, hand scribed signatures in BLUE INK, not facsimile elements, are required on all forms.

DD Form 2400 – Civil Aircraft Certificate of Insurance: The insurance company or its authorized agent must complete and sign (in blue ink) the DD Form 2400. Corrections to the form made using a different typewriter, pen, or whiteout must be initialed by the signatory. **THE FORM CANNOT BE COMPLETED BY THE AIRCRAFT OWNER/OPERATOR. (See Attachment 2 for insurance requirements)**

DD Form 2401 – Civil Aircraft Landing Permit: Completed by the owner/operator (signed in blue ink). One form (permit) should be used for all aircraft utilizing the USAFA airfield. If more space is required to list multiple aircraft, use the space provided on the back of the form. To avoid problems in the event that a different aircraft must be substituted on short notice due to maintenance or availability issues please list any alternate aircraft that may be used. It is better to have backup aircraft listed on the form that are not used than to try and work short notice additions.

DD Form 2402 – Civil Aircraft Hold Harmless Agreement: Self-explanatory, completed by the aircraft owner/operator (signed in blue ink).

Completed forms should be mailed to the below address at least 30 days prior to the first intended landing. Please ensure contact information is provided (daytime phone # and e-mail) in case we need to contact you regarding your civil aircraft landing permit application.

306 OSS/OSAA (Airfield Management)  
Attn: Chad M. Schuch  
9206 Airfield Drive  
USAF Academy, CO 80840

**Note:** We also accept color scanned documents via email. Please scan all completed documents into one .PDF file and email them to [306oss.airfieldmanagement@us.af.mil](mailto:306oss.airfieldmanagement@us.af.mil)  
Use the Subject Line: **Ben Lowell Civil Landing Permit – (Name & Phone #)**

**ADDITIONAL REQUIREMENTS:**

- Participants who received an approved civil landing permit number **must** contact Airfield Management Operations at 719-333-2526/2343 **no later than 72 hours prior to arrival** to request a **Prior Permission Required (PPR) number**.

- All aircraft departing after the competition must file an outbound flight plan with Airfield Management Operations (located in building 9206).

## Attachment 1

### Landing Permit Application Instructions

**DD Form 2400, Civil Aircraft Certificate of Insurance.** The insurance company or its authorized agent must complete and sign the DD Form 2400. Corrections to the form made using a different typewriter, pen, or whiteout must be initialed by the signatory. **THE FORM CANNOT BE COMPLETED BY THE AIRCRAFT OWNER OR OPERATOR.** The DD Form 2400 may be submitted to the decision authority by either the user or insurer.

**Block 1, Date Issued.** The date the DD Form 2400 is completed by the signatory.

**Block 2a and 2b, Insurer Name, Address.** The name and address of the insurance company.

**Block 3a and 3b, Insured Name, Address.** The name and address of the aircraft owner and or operator. (The name of the user must be the same on all the forms.)

**Block 4a, Policy Number(s).** The policy number must be provided. Binder numbers or other assigned numbers will not be accepted in lieu of the policy number.

**Block 4b, Effective Date.** The first day of current insurance coverage.

**Block 4c, Expiration Date.** The last day of current insurance coverage.

**Block 5, Aircraft Liability Coverage.** The amount of split limit coverage. All boxes in block 5 must be completed to specify the coverage for: each person (top line, left to right) outside the aircraft (bodily injury) and each passenger; and the total coverage per accident (second line, left to right) for: persons outside the aircraft (bodily injury), property damage, and passengers. **IF BLOCK 5 IS USED, BLOCK 6 SHOULD NOT BE USED.** All coverages must be stated in US dollars.

**Block 6, Single Limit.** The maximum amount of coverage per accident. **IF BLOCK 6 IS USED, BLOCK 5 SHOULD NOT BE USED.** The minimum coverage required for a combined single limit is determined by adding the minimums specified in the "each accident" line of the Table in Attachment 2. All coverages must be stated in US dollars.

**Block 7, Excess Liability.** The amount of coverage which exceeds primary coverage. All coverages must be stated in US dollars.

**Block 8, Provisions of Amendments or Endorsements of Listed Policy(ies).** Any modification of this block by the insurer or insured invalidates the DD Form 2400.

**Block 9a, Typed Name of Insurer's Authorized Representative.** Individual must be an employee of the insurance company, an agent of the insurance company, or an employee of an insurance broker.

**Block 9b, Signature.** The form must be signed in blue ink so that hand scribed, original signatures are easy to identify. Signature stamps or any type of facsimile signature cannot be accepted.

**Block 9c, Title.** Self-explanatory.

**Block 9d, Telephone Number.** Self-explanatory.

**THE REVERSE OF THE FORM MAY BE USED IF ADDITIONAL SPACE IS REQUIRED.**

**DD Form 2401, Civil Aircraft Landing Permit.** A separate DD Form 2401 must be submitted for each purpose of use.

**Block 1a.** The name of the owner or operator. (The name of the user must be the same on all the forms.)

**Block 1b.** This block should only be completed if the applicant is a subsidiary, division, etc, of another company.

**Block 1c.** Business or home address, whichever is applicable, of applicant.

**Block 2.** List the airfields where the aircraft will be operating. For the Ben Lowell Competition this will read “**USAF Academy Main Airfield.**”

**Block 3.** Self-explanatory. (Users will not be denied landing rights if pilots are not instrument rated and current.)

**Block 4.** Provide a brief explanation of purpose for use. For the Ben Lowell Competition Please use “**Participation in Ben Lowell Aerobatic Competition.**”

**Block 5. EXCEPT AS NOTED FOR BLOCK 5C, ALL ITEMS MUST BE COMPLETED.**

**Block 5a and Block 5b.** Self-explanatory.

**Block 5c.** If the DD Form 2400, *Certificate of Insurance*, indicates coverage for "any aircraft of the listed model owned and or operated," the same statement can be used in block 5c in lieu of specific registration numbers.

**Block 5d.** The capacity provided must reflect only the number of crew required to operate the aircraft. The remaining seats are considered passenger seats.

**Block 5e.** Self-explanatory.

**Block 5d.** A two-way radio is required. Landing rights will not necessarily be denied for lack of strobe lights, a transponder, or IFR capabilities.

**Block 6a.** Self-explanatory.

**Block 6b.** If the applicant is an individual, this block should not be completed.

**Block 6c.** This block should contain a daytime telephone number.

**Block 6d.** The form must be signed in blue ink so that hand scribed, original signatures are easy to identify. Signature stamps or any type of facsimile signature cannot be accepted.

**Block 6e.** Self-explanatory.

**THE REVERSE OF THE FORM MAY BE USED IF ADDITIONAL SPACE IS REQUIRED, BLOCKS 7A THROUGH 14C ARE NOT COMPLETED BY THE APPLICANT.**

**Blocks 7a and 7b.** The expiration date of a permit is determined by the insurance expiration date or the purpose of use. For example, the dates of an air show will determine the expiration date of a permit approved for participation in the air show.

**APPROVED PERMITS CANNOT BE CHANGED WITHOUT THE CONSENT OF THE APPROVING AUTHORITY**

**DD Form 2402, Civil Aircraft Hold Harmless Agreement.** A form submitted and accepted by an approving authority for an individual remains valid and need not be resubmitted to the same approving authority, unless canceled for cause.

**Block 2a(1).** This block should contain the user’s name if the applicant is a company. If the hold harmless agreement is intended to cover other entities of a parent company, their names must also be included in this block.

**Block 2a(2).** This block should contain the user’s address if the applicant is a company.

**Block 2b(1).** This block should contain the name of the individual applying for a landing permit or the name of a corporate officer that is authorized to legally bind the corporation from litigation against the Air Force.

**Block 2b(2).** This block should contain the address of the individual applying for a landing permit. A company address is only required if it is different from the address in block 2a(2).

**Block 2b(3).** The form must be signed in blue ink so that hand scribed, original signatures are easy to identify. Signature stamps or any type of facsimile signature cannot be accepted.

**Block 2b(4).** The block should only be completed when the applicant is a company, organization, association, etc.

**Block 3a(1).** If the applicant is a company, organization, association, etc, the form must be completed and signed by the corporate secretary or a second corporate officer (other than the

officer executing DD Form 2402) to certify the signature of the first officer.

**Block 3a(2).** The form must be signed in blue ink so that hand scribed, original signatures are easy to identify. Signature stamps or any type of facsimile signature cannot be accepted.

## Attachment 2

### Insurance Requirements

Applicants must provide proof of third-party liability insurance on a DD Form 2400, with the amounts stated in US dollars. The policy number, effective date, and expiration date are required. The statement "until canceled" may be used in lieu of a specific expiration date. The geographic coverage must include the area where the Air Force airfield of proposed use is located. If several aircraft or aircraft types are included under the same policy, a statement such as "all aircraft owned," "all aircraft owned and or operated," "all non-owned aircraft," or "all aircraft operated," may be used in lieu of aircraft registration numbers. To meet the insurance requirements, either split limit coverage for bodily injury (individuals outside the aircraft), property damage, and passengers, or a single limit coverage is required. The coverage will be at the expense of the user with an insurance company acceptable to the Air Force. Coverage must be current during the period the Air Force airfield will be used. The liability required is computed on the basis of aircraft maximum gross takeoff weight (MGTOW) and passenger or cargo configuration. Minimum coverage will not be less than the amount indicated in **Table 8.1**.

**Table 8.1. Aircraft Liability Coverage Requirements.**

| R<br>U<br>L<br>E | Aircraft Maximum<br>Gross Takeoff Weight<br>(MGTOW) | Coverage For  | Bodily Injury | Property<br>Damage | Passenger   |
|------------------|---|---------------|---------------|--------------------|---|
| 1                | 12,500 Pounds and<br>Under                          | Each Person   | \$ 100,000    | -----              | \$100,000   |
|                  |   | Each Accident | \$ 300,000    | \$100,000          | \$100,000 multiplied<br>by the number of<br>passenger seats |
| 2                | More than 12,500<br>Pounds                          | Each Person   | \$ 100,000    | -----              | \$100,000   |
|                  |   | Each Accident | \$1,000,000   | \$1,000,000        | \$75,000 multiplied<br>by the number of<br>passenger seats  |