(Rule 1680—1—2—.09, continued)

STATE OF TENNESSEE APPLICATION FOR PUBLIC AIRPORT/HELIPORT LICENSE

Name of Airport/Heliport	County	City	-
Name of Owner		Type of Operation * (See below	- N)
Address of Owner		Phone Number	- r
Name or Manager			-
Address of Manager		Phone Numbe	- :r
Name of Aviation Committee Chair	man (If applicable)	Phone Number	- r
Name(s) of Mayor and/or County Ju	dge of Publicly Owned		-
Name of Airport Attorney		Phone Numbe	- r
REMARKS:			
		ed above. The information shown on ole, including local radio navigation a	
	Signat	ure of Owner/Designated Represente	ed
	Title	Date	

*Reference type of operation: Enter either commercial or personal use. Enter commercial if any type of commercial operation is conducted, such as aircraft or associated equipment rental, sale of aviation products, flight instruction or carrying or passengers or cargo for compensation.

Exhibit No. 4