INSTRUCTIONS: E-MAIL COMPLETED FORM TO: ARIAZ@MIAMI-AIRPORT.COM Ph: (305) 876-7036 Fax: (305) 876-7630



MIAMI-DADE AVIATION DEPARTMENT, AVIATION PLANNING DIVISION





Please allow a minimum o	f 7 business days to process	this request after the payment ha	s been received. A copy of	this approval must be	maintained on	the job site.	
Nearest Airport:						Today's Date:	
Miami International	Miami-Opa locka Executiv	e Miami Executive	Homestead General	Dade-Collier		•	
Airport (MIA)	Airport (OPF)	Airport (TMB)	Aviation Airport (X51)	Training & Transition			
Requestor:			Telephone:		Fax:		
Requestor's Address:			Job Site Location:		ļ		
Requestors Address.			JOB OILC LOCATION.				
Crane/Equipment Comp	oany:		Nightime Operation Re	equired?			
			YES			NO	
Construction Foreman 8	& 24-Hour Phone:		Crane/Equipment oper FROM:	rating hours:		TO:	
			Project Name:			10.	
			r rojour rumo.				
E-mail:			Date of Arrival:		Date of Dep	arture:	
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Pt. No.	<u>Latitude</u>	<u>Longitude</u>	Ground El. + Boom				<u>Expires</u>
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required to submit the determined to submit th	ermination(s) along with this for rane operator of this MDAD-len to height as deemed permissil	rith the FAA, please wait until you rorm. ssued Permissible Crane Height Dole by MDAD. The requestor and/orision. Additionally, it is the response	etermination hereby acknow or crane operator further ac	vledges that data provi	ded in this form to comply will r	to be accurate and a esult in authorization	agrees not to
	MD	AD USE ONLY PLEASE	DO NOT WRITE BE	LOW THIS LINE			
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