



Syracuse Hancock International Airport & Syracuse Regional Airport Authority

## Specialized Aeronautical Service Operator (SASO) Application

*Submit this completed application to:*  
**Properties Manager, Jonny Giardina, C.M., ACE**  
Syracuse Regional Airport Authority,  
1000 Col. Eileen Collins Blvd., Syracuse, NY 13212  
Email: [GiardinaJ@syrairport.org](mailto:GiardinaJ@syrairport.org)

The Syracuse Regional Airport Authority ("Authority") requires all entities seeking to conduct Specialized Aeronautical Services at Syracuse Hancock International Airport ("Airport") to obtain authorization prior to commencing operations.

This application is used to evaluate an applicant's qualifications and compliance with applicable Airport Rules and Regulations, Minimum Standards, insurance requirements, and all federal, state, and local laws (<https://syrairport.org/about-us/policies-and-procedures/>). Submission of this application does not grant authorization to operate at the Airport.

### 1. APPLICANT INFORMATION

Name : \_\_\_\_\_  
Name of authorized person completing this application  
Address: \_\_\_\_\_  
Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**If applying as a business, corporation, partnership, joint venture or other legal entity, complete the following:**

Name of Company/Business: \_\_\_\_\_  
President/Authorized Person: \_\_\_\_\_  
Legal Notice Address: \_\_\_\_\_  
Identify the type of business entity: \_\_\_\_\_  
EIN #: \_\_\_\_\_  
D-U-N-S#: \_\_\_\_\_

Applicant Officers/Directors (Corporation):

Name : \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name : \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Applicant Partners/Members (Partnership/Joint Venture):

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Has Applicant or any interested parties in this application ever:

Filed bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Had any credit problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. PURPOSE OF APPLICATION:** (check all activities that apply)

A. Commercial Activities:

- \_\_\_ Air Carrier Fueling
- \_\_\_ Air Carrier Line Maintenance
- \_\_\_ Aircraft Repair Station
- \_\_\_ Air Carrier Passenger/Ramp Services
- \_\_\_ Air Cargo Services
- \_\_\_ Aircraft Charter / Air Taxi
- \_\_\_ Flight Training
- \_\_\_ Minor and Specialized Aircraft Maintenance and Repair
- \_\_\_ Aircraft Management Services
- \_\_\_ Other Aeronautical Service (list) \_\_\_\_\_
- \_\_\_ Multiple Aeronautical Services

B. Non-Commercial Activities

- \_\_\_ Flying Club
- \_\_\_ Other (list) \_\_\_\_\_

**3. BUSINESS REQUIREMENTS:**

A. Building/Facility Requirements: State the type and size of land/building/facilities/office needed to conduct the business and the proposed location on the Airport. Indicate any special consideration for equipment, drainage, lighting etc. If new construction, describe the estimated cost of any such structure and the means or method of financing such construction or acquisition of facilities. **If applicable, attach a site plan and/or drawings.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will any part of the operations of this business require the storage, use of or transport of volatile, hazardous or toxic chemicals or waste on Airport Property? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Ownership: List all persons, companies, and/or entities that own a controlling interest in Applicant (include financial institution information if applicable):

Name : \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): Office \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

C. Business Relations: List all officers, directors, partners or persons of, or with a controlling interest in, Applicant that also hold a controlling interest in any other aeronautical service operator(s) at the Airport (include the name(s) of any such other Airport aeronautical service operators):

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**4. SUPPORTING DOCUMENTS (SECTION TO BE COMPLETED BY SRAA PERSONNEL):**

Any items with an "X" within the box are items required by the Syracuse Regional Airport Authority in order to be Licensed to operate at Syracuse Hancock International Airport. When submitted, all information will be required to be typed or printed legibly.

- Licenses, Permits, Certificates – copies of all licenses, permits, and certifications required to perform the proposed services at the Airport (e.g., FAA Part 135 Certificate of Air Agency Certificate).
- Business Plan – a written proposal detailing the nature of the proposed aeronautical service(s) to be provided and how Applicant will meet the Minimum Standards for the proposed activity(ies).
- Financial Statement – a current financial statement (for a corporation or for all principals of a partnership/joint venture) prepared in accordance with GAAP by a certified public accountant.
- Credit Report – a current credit report (for a corporation or for all partners/members of a partnership/joint venture) covering all business activities in which Applicant has participated within the past 10 years.
- Personnel – a list, with resumes, of key personnel to be assigned to the Airport along with a description of their duties and responsibilities.
- Air Carrier Agreement (if applicable) – copy of any written agreement between Applicant and an Air Carrier currently serving the Airport, together with a written statement from such Air Carrier to the Authority that the Applicant meets the Air Carrier's standards for the services to be provided to such Air Carrier by Applicant.
- Certificate of Insurance (COI):
  - Workers' Compensation Insurance, including Employer's Liability Insurance, complying with the laws of the state in which the work is to be performed or elsewhere as may be required. Employer's Liability Insurance shall be provided with a limit not less than One Million Dollars (\$1,000,000.00).
  - Commercial General Liability Insurance, including Contractual Liability and Products-Completed Operations Liability as well as coverage on all the Operator's equipment (other than motor vehicles licensed for highway use) owned, hired or used in its operations at the Airport with limits not less than Five Million Dollars (\$5,000,000.00) – Bodily Injury and Property Damage combined each occurrence and aggregate.

- Hangarkeepers Legal Liability coverage with a minimum limit of One Million Dollars (\$1,000,000).
  - If its operations at the Airport require use of motor vehicles licensed for highway use, the Operator shall provide Automobile Liability Insurance, including Contractual Liability, concerning all motor vehicles owned, hired or used in its operations at the Airport, with limits not less than Five Million Dollars (\$5,000,000.00) – Bodily Injury and Property Damage combined each occurrence.
  - Fire and extended coverage on Operator's personal property, trade fixtures and equipment located in or on the Airport, in an amount equal to the full replacement value thereof.
  - For Operators with flight exposure, Aircraft Liability Insurance on any aircraft owned, leased, managed or operated by the Operator (including Non-Owned Aircraft Liability Insurance) which is in or about the Airport on an occurrence basis having a combined single limit of not less than Twenty Million Dollars (\$20,000,000).
- Other (listed by Authority) \_\_\_\_\_

**SIGNATURES**

Applicant

Print: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SRAA

Print: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_