

University of California, Santa Barbara Application to Charter Aircraft

INSTRUCTIONS Use the Application to Charter Aircraft to initiate an a www.ehs.ucsb.edu/riskmanagement/aircraft-charter		
DEPARTMENT		
Date of Application: Campus: SAN	ITA BARBARA Department:	
Cost of Charter:	Dept. Account No.:	Fax:
Dept. Contact:	Email:	Ph:
CHARTER INFORMATION		
Date(s) of Charter:	Name of UC Employee Chartering Aircraft:	
Number of Passengers:UC Employees: Stu	dents:Other Invitees: Is this an e	xclusive UC charter? 🔲 Yes 🔲 No
If no, explain:		
Purpose of Charter (use attachment if necessary):		
Charter Itinerary (use attachment if necessary) : _		
AIRCRAFT INFORMATION Owner/Operator:		Dh.
Aircraft Make & Model No.:		
Aircraft Type (roto, piston, jet) & No. of Engines: _ AIRCRAFT INSURANCE	No. of Pass	senger Seats:No. of Crew:
Broker or Agent's Name:		Ph
Name of Owner's Aircraft Liability Insurance Carrie	эг:	
Policy #:	Policy Effective Date:	Policy Expiration Date:
Aircraft Liability Insurance Limits (attach Certificate	e of Insurance that meets BUS-63 req'ts.):	
CAMPUS REVIEW & APPROVAL		
In accordance with University of California Busines obtain prior approval from the Chancellor to charte		
Department Chair:	Date:	Ph:
Risk Manager:	Date:	Ph:
Vice Chancellor, Admin. Servs.:	Date:	Ph:
Chancellor:	Date:	Ph:
Chancellor:	Date:	Ph:
	nts, including insurance. Aviation liability insurance	