

Instructions for filling out the DD 2535 for a Flyover Request (Example of completed form follows)

Section I – Activity

Under 1. Category, a. Flyover - enter the date of the event and mark “Any” under Type of Aircraft Requested.

Section II – Event and Site Information

Complete all boxes in this section. The Event Site Certification cannot be signed by the same person listed as the Local Sponsoring Organization in Section III. The Site Certification must be someone that can certify the area being flown over, i.e. the mayor or city commissioner of the city or athletic director for a football stadium, etc. Handwritten signature is required in this section.

Section III – Sponsor Information

Complete all boxes in this section. Please note that the individual listed in this section cannot be the same person in Section II.

Section IV – Federal Aviation Administration Coordination

This section needs to be filled out by the FAA in Wichita prior to submission for the flyover request. The Wichita office covers the majority of Kansas except for the Kansas City, Kansas area. (Information on the Kansas City office can be found at https://www.faa.gov/about/office_org/field_offices/fsdo/mci/)

The original form needs to be mailed (or hand carried) to their office at the address below.

Flight Standards District Office Kansas
1801 Airport Road
Suite 300
Wichita, Kansas 67209
Phone: (316) 941-1200

Once the FSDO has completed their section of the form, they return it to you via mail. Please incorporate their approved Page 2 into the packet before submitting your request.

Section V – Program

Complete all boxes in this section. Please explain how the flyover will be an integral part of the event. Also include any other military recognition that will occur during the event (participating military units, military recruiters, Color Guard, free/discounted items for military members, etc.)

Section VI – Support

This section does not need to be completed when requesting a flyover.

Section VII – Certification by Sponsor

Complete all boxes in this section. Person who is listed in Section III Sponsor Information should be the one that signs in this section. Handwritten signature is required in this section.

REQUEST FOR MILITARY AERIAL SUPPORT ALL EVENT SPONSORS MUST READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS FORM.				REQUEST NUMBER	
				OMB No. 0704-0290 OMB approval expires November 30, 2019	
The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0290). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.					
ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.					
SECTION I - ACTIVITY					
1. CATEGORY REQUESTED (<i>X and complete as applicable</i>)		(1) DATE(S) REQUESTED (YYYYMMDD)	(2) TYPE AIRCRAFT REQUESTED		(3) MILITARY SERVICE REQUESTED
			ANY (X)	SPECIFIC (Optional)	ALL (X) SPECIFIC (Optional)
a. FLYOVER (See paragraph 4 of Instructions)		20181111	X		
b. STATIC DISPLAY (See paragraph 5 of Instructions)					
c. SINGLE AIRCRAFT DEMONSTRATION (See paragraph 7 of Instructions)					
d. OTHER AERIAL SUPPORT (i.e. Parachute Demo, SAR Demo)					
e. AERIAL DEMONSTRATION TEAM (<i>X all requested. See Instructions.</i>)		(a) PRIMARY DATE (YYYYMMDD)	(b) ALTERNATE DATE(S) (YYYYMMDD)		(c) I WILL CONSIDER ANY DATE DURING AIR SHOW SEASON (<i>X one</i>)
U.S. ARMY GOLDEN KNIGHTS					<input type="checkbox"/> YES <input type="checkbox"/> NO
U.S. NAVY BLUE ANGELS					
U.S. NAVY LEAP FROGS					
U.S. AIR FORCE THUNDERBIRDS					
U.S. AIR FORCE WINGS OF BLUE					
OTHER (Specify)					
SECTION II - EVENT AND SITE INFORMATION					
2.a. EVENT TITLE (to include if airshow) (and website, if applicable) Veterans Day Celebration and Parade				b. EVENT START AND END DATE(S) 20181111	
c. SITE OF EVENT (Must be accessible by persons with disabilities) City Park		d. SITE CITY, STATE AND ZIP CODE Anywhere, Kansas 65432	e. SITE ELEVATION (Feet above sea level) 1672	f. RUNWAY LENGTH X WIDTH N/A	
g. ARRESTING GEAR (<i>X one</i>) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	h. TYPE OF SITE (e.g., airport, park, lake, etc.) Park	i. EXPLAIN RECRUITING INVOLVEMENT (Including local Armed Forces point of contact if applicable.) Local recruiters will have a booth in the park			
3. EVENT SITE CERTIFICATION (To be completed by an agent exercising authority for site use) I certify that an agreement has been made with the sponsoring organization indicated in Section III to use the event site indicated in 2.c. above.					
a. NAME (Last, First, Middle Initial) (Include Mr./Ms./Mil. Rank) John D. Smith		b. TITLE City Mayor		c. TELEPHONE NO. (Include area code) (785) 555-0000	
d. SIGNATURE 				e. DATE SIGNED (YYYYMMDD) 20180401	
4. INCLUSIVE DATES/TIME OF EVENT (YYYYMMDD/0:00 a.m. or p.m.) 20181111 11 a.m.			5. IS THERE CIVILIAN AERIAL PARTICIPATION PLANNED FOR THE EVENT? (<i>X one</i>) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
6. ATTENDANCE		7. PLANNED MEDIA COVERAGE (<i>X as applicable</i>)			
a. PROJECTED 5,000	b. PRIOR EVENT 4,500	<input checked="" type="checkbox"/> TELEVISION REGIONAL NATIONAL	<input checked="" type="checkbox"/> RADIO PRINT NONE	<input checked="" type="checkbox"/> SOCIAL MEDIA YOUR MEDIA/PR POC (Name/telephone/email): Amy Jones, 785-555-0101 amy.jones@city.org	
SECTION III - SPONSOR INFORMATION					
8. LOCAL SPONSORING ORGANIZATION					b. TYPE (<i>X one</i>)
a. NAME (Include website) American Legion Post #1					<input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NONPROFIT
9. POINT OF CONTACT FOR AVIATION ACTIVITIES FOR THIS EVENT (Please PRINT all contact information.)					
a. (<i>X one</i>) <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MS.		b. NAME (Last, First, Middle Initial) John Q. Public			c. RANK (If military)
d. TELEPHONE NO. (Include area code or DSN if military) (1) (785) 555-1001 (2) (785) 555-1002		e. E-MAIL ADDRESS john.q.public@city.org		f. FAX NO. (Include area code) (785) 555-2020	

SECTION III - SPONSOR INFORMATION (Continued)

	YES	NO
10. IS EVENT OFFICIALLY SUPPORTED BY LOCAL GOVERNMENT (X one)	X	
11. WILL YOU PROVIDE A POST-EVENT REPORT ON REQUEST? (X one)	X	
12. DOES SPONSORING ORGANIZATION PERMIT MEMBERSHIP WITHOUT REGARD TO RACE, RELIGION, SEX, SEXUAL ORIENTATION OR COLOR? (X one)	X	
13. WILL ALL ASPECTS OF THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, RELIGION, SEX OR COLOR? (X one)	X	
14. WILL THE EVENT BE OPEN TO THE GENERAL PUBLIC? (X one)	X	

SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION (This Section is Not Required for Static Displays.)

FOR THIS EVENT TO BE CONSIDERED FOR U.S. MILITARY SUPPORT, THE SPONSOR MUST HAVE THIS SECTION COMPLETED BY THE FLIGHT STANDARDS DISTRICT OFFICE RESPONSIBLE FOR CONTROLLING THE AERIAL ACTIVITIES AT THE EVENT SITE.

For events where the airspace falls under the purview of the United States Department of Transportation, Federal Aviation Administration (FAA) coordination is required for all U.S. military aviation activities described in Section I **EXCEPT AIRCRAFT STATIC DISPLAYS**. THE SPONSOR WILL FORWARD THIS DOCUMENT, WITH SECTIONS I THROUGH III AND SECTIONS V THROUGH VII COMPLETED, TO THE FLIGHT STANDARDS DISTRICT OFFICE (FSDO) HAVING JURISDICTION OVER THE SITE. After completion of Section IV by the FSDO, form will be returned to the sponsor for submission to DoD. Sponsors will allow a minimum of 45 days for FAA review and completion.

15. FLIGHT STANDARDS DISTRICT OFFICE REVIEW

I have reviewed the requested activity in Section I and determined that: (X and complete as applicable)

- a. FAA/OTHER GOVERNMENTAL WAIVER IS NOT REQUIRED.
- b. WAIVER IS REQUIRED FOR THE FOLLOWING EVENT(S) LISTED IN SECTION I: (Specify)
- c. COORDINATION HAS BEEN ACCOMPLISHED WITH CONTROLLING AIR TRAFFIC CONTROL FACILITY.
- d. AIR TRAFFIC COORDINATION IS NOT REQUIRED.
- e. DEMONSTRATION SITE FEASIBILITY STUDY IS REQUIRED AND SITE PLAN WAS SUBMITTED BY THE SPONSOR. (Must meet show line, crowd line, airspace parameters and show congested areas, dwellings, thoroughfares, and obstructions within 3 NM of show center.)
- f. DEMONSTRATION SITE FEASIBILITY STUDY IS NOT REQUIRED.
- g. NO MAJOR NOISE CONCERNS IN THE REQUESTED AIRSPACE.

16. FEASIBILITY DETERMINATION Based upon my review of this site, I find the site to be: (X one)

- SATISFACTORY
 CONDITIONAL SATISFACTORY (See NOTE)
 UNSATISFACTORY (See NOTE)

NOTE: If the show site is marked "Conditional Satisfactory," explain the conditions which must be met by the show sponsor to provide a "Satisfactory" site in the Additional Comments section. If the show site is marked "Unsatisfactory," the request for the applicable activity cannot be accepted by the Department of Defense.

17. ADDITIONAL COMMENTS (Mandatory if FARs are waived)

This section needs to be filled out by the FAA in Wichita. The Wichita office covers the majority of Kansas except for the Kansas City, Kansas area. (Information on the Kansas City office can be found at https://www.faa.gov/about/office_org/field_offices/fsdo/mci/)

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18. COORDINATING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. FLIGHT STANDARDS DISTRICT OFFICE	c. TELEPHONE NO. (Include area code)
d. TITLE AND SIGNATURE		e. DATE SIGNED (YYYYMMDD)

SECTION V - PROGRAM

19. PROGRAM THEME AND OBJECTIVE *(Please explain how aviation support is an integral part of the event.)*

This is the 35th year that the City has hosted a Veterans Day Parade and Celebration. John Musgrave, a Vietnam Veteran, will be the grand marshal for the parade. The American Legion will provide the Color Guard and local National Guard units have been invited to participate with military equipment. Local recruiters will be present at this event. The flyover will occur after the playing of the National Anthem which kicks off the parade.

The American Legion is hosting a barbeque's after the parade and military members will eat for free.

20. CHARGES AND FEES *(Specify the monetary amounts charged below.)*

a. ADMISSION 0.00	b. PARKING 0.00	c. SEATING 0.00	d. OTHER <i>(Specify)</i>
e. DOES EVENT RAISE FUNDS? <i>(X one)</i> YES <i>(Complete 20.f. and 20.g.)</i> <input checked="" type="checkbox"/> NO	f. FUNDS WILL BE USED FOR <i>(X as applicable)</i> (1) CHARITIES (2) EXPENSES (3) PRIZES		g. SPECIFIC INSTRUCTIONS FOR USE OF FUNDS <i>(e.g., Company, Charity or Organization to benefit)</i>
		(4) OTHER <i>(Explain in 20.g.)</i>	

21. HISTORICAL INFORMATION

a. LIST ALL YEARS THE EVENT HAS BEEN HELD Since 1983	b. MOST RECENT DoD DEMONSTRATION TEAM <i>(If any) AND YEAR OF PERFORMANCE (e.g., Blue Angels, Thunderbirds, Golden Knights; year)</i> N/A	c. LIST CIVILIAN AND MILITARY AIRCRAFT AT THE LAST EVENT N/A
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SECTION VI - SUPPORT *(All Requests other than Flyovers)*

22. THE SPONSOR AGREES TO: <i>(Initial each item signifying acceptance. Lack of initials renders the event ineligible for all support other than flyovers.)</i>	INITIALS
a. OBTAIN THE AIR SHOW WAIVER FROM THE FAA MONITOR PRIOR TO THE EVENT FOR EACH ACTIVITY REQUIRING A WAIVER <i>(plan a 60-day lead time)</i> . FAILURE TO OBTAIN A WAIVER WILL RESULT IN DEMONSTRATION CANCELLATION AT THE EXPENSE OF THE SPONSOR.	
b. PAY TEAM COSTS AS OUTLINED ON PAGE 4, PARAGRAPHS 6 OR 8 OF INSTRUCTIONS, AS APPLICABLE. <i>(Applies only for Blue Angels, Thunderbirds, or Golden Knights requests.)</i>	
c. PROVIDE OR REIMBURSE TRANSPORTATION, MEALS, AND QUARTERS COSTS <i>(including pre-event visits)</i> FOR ARMED FORCES PARTICIPANTS, AS REQUIRED. <i>(Reimbursement for demonstration teams covered in paragraphs 6 or 8 of Instructions.)</i>	
d. PROVIDE SUITABLE AIRCRAFT FUEL AT MILITARY CONTRACT PRICES. <i>(Sponsor must pay all costs over military contract prices, including any transportation and handling charges, if fuel is not available at such prices.)</i>	
e. PROVIDE SECURITY FOR AIRCRAFT AT EVENT SITE DURING ENTIRE STAY. <i>(Certain assets (such as the B-2 will require extensive security.)</i>	
f. PROVIDE MOBILE FIREFIGHTING, CRASH, AND GROUND-TO-AIR COMMUNICATIONS EQUIPMENT AT THE SHOW SITE FOR FLIGHT AND PARACHUTE DEMONSTRATIONS AND STATIC DISPLAY AIRCRAFT.	
g. PROVIDE AMBULANCE AND MEDICAL PERSONNEL ON SITE DURING FLIGHT AND PARACHUTE DEMONSTRATIONS AND CERTAIN OTHER TYPES OF AERIAL ACTIVITIES AS DETERMINED, IN ADVANCE, BY THE MILITARY SERVICES.	
h. PROVIDE TELEPHONE FACILITIES FOR NECESSARY OFFICIAL COMMUNICATIONS AT THE EVENT SITE.	
i. PROVIDE AERIAL PHOTOGRAPH AND AIRFIELD DIAGRAM UPON REQUEST.	
j. PROVIDE LOCAL MILITARY RECRUITERS, AT NO CHARGE, PRIME SPACE AT THE EVENT SITE FOR RECRUITING ACTIVITIES.	

SECTION VII - CERTIFICATION BY SPONSOR

23. PRESIDENT/CHAIRMAN OF SPONSORING ORGANIZATION/BASE OR WING COMMANDER *(If military sponsored)*

I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact us to discuss arrangements and additional costs involved prior to final commitments. Any changes to the information on this form may invalidate eligibility for military participation.

a. SIGNATURE 	b. DATE SIGNED (YYYYMMDD) 20180501	c. PRINT NAME AND TITLE John Q. Public, Commander, American Legion Post #1
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