

# **Instructions for filling out the DD 2535 for a Static Display Request (Example of completed form follows)**

## **Section I – Activity**

Under 1. Category, b. Static Display - 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.

In box *Section II. 3. Event Site Certification* – this cannot be signed by the same person listed as the Local Requesting Organization in Section III – Requestor Information. The Site Certification must be someone that can certify the area we will be landing on 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 – Requestor 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 does not need to be filled out for static display requests.

## **Section V – Program**

Complete all boxes in this section. Please explain how the static display 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**

All boxes in this section need to be initialed. Initialing the boxes does not commit you to any funding requirements.

## **Section VII – Certification by Requestor**

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

REQUEST FOR MILITARY AERIAL SUPPORT ALL EVENT REQUESTERS MUST READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS FORM.				REQUEST NUMBER	OMB No. 0704-0290 OMB approval expires 20221130		
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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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.							
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.</b>							
<b>ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.</b>							
<b>SECTION I - ACTIVITY</b>							
1. CATEGORY REQUESTED ( <i>X and complete as applicable</i> )		1) DATE(S) REQUESTED (Start to End) (YYYYMMDD)	(2) TYPE AIRCRAFT REQUESTED		(3) MILITARY SERVICE REQUESTED		
			ANY ( <i>X</i> )	SPECIFIC ( <i>Optional</i> )	ALL ( <i>X</i> )	SPECIFIC ( <i>Optional</i> )	
<input type="checkbox"/> a. FLYOVER ( <i>See paragraph 4 of Instructions</i> )			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
<input checked="" type="checkbox"/> b. STATIC DISPLAY ( <i>See paragraph 5 of Instructions</i> )		20221111			<input type="checkbox"/>		
<input type="checkbox"/> c. SINGLE AIRCRAFT DEMONSTRATION ( <i>See paragraph 7 of Instructions</i> )			<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> d. OTHER AERIAL SUPPORT ( <i>i.e. Parachute Demo, SAR Demo</i> )					<input type="checkbox"/>		
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> )  <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> U.S. ARMY GOLDEN KNIGHTS							
<input type="checkbox"/> U.S. NAVY BLUE ANGELS							
<input type="checkbox"/> U.S. NAVY LEAP FROGS							
<input type="checkbox"/> U.S. AIR FORCE THUNDERBIRDS							
<input type="checkbox"/> U.S. AIR FORCE WINGS OF BLUE							
<input type="checkbox"/> OTHER ( <i>Specify</i> )							
<b>SECTION II - EVENT AND SITE INFORMATION</b>							
2.a. EVENT TITLE ( <i>to include if airshow</i> ) Veterans Day Celebration and Parade				b. SITE OF EVENT ( <i>Must be accessible by persons with disabilities</i> ) Main street and city park			
c. SITE CITY, STATE AND ZIP CODE Anywhere, KS 65432		d. SITE ELEVATION ( <i>Feet above sea level</i> ) 1672	e. RUNWAY LENGTH X WIDTH N/A	f. ARRESTING GEAR WITHIN REQUIRED DISTANCE ( <i>X one</i> ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	g. TYPE OF SITE ( <i>e.g., airport, park, lake, etc.</i> ) Park		
h. EXPLAIN RECRUITING SUPPORT ( <i>Including local Armed Forces point of contact if applicable.</i> ) Local recruiters will have a booth in the park				We agree to provide local military recruiters, at no charge, prime space at the event for recruiting purposes. SIGNATURE: 			
i. WEBSITE AND SOCIAL MEDIA HANDLES FOR EVENT:							
WEBSITE	www.anywhereks.org						
FACEBOOK	CityofAnywhere						
INSTAGRAM	N/A						
TWITTER	N/A						
OTHER							
3. EVENT SITE CERTIFICATION ( <i>To be completed by an agent exercising authority for site use</i> ) I certify that an agreement has been made with the requesting organization indicated in Section III to use the event site indicated in 2.b. above.							
a. NAME ( <i>Last, First, Middle Initial</i> ) ( <i>Include Mr./Ms./Mil. Rank</i> ) Doe, John D.			b. TITLE Mayor		c. TELEPHONE NO. ( <i>Include area code</i> ) 785-555-0000		
d. SIGNATURE 				e. DATE SIGNED (YYYYMMDD) 20220408			
4. INCLUSIVE DATES/TIME OF EVENT (YYYYMMDD/0:00 a.m. or p.m.)				5. IS THERE CIVILIAN AERIAL PARTICIPATION PLANNED FOR THE EVENT? ( <i>X one</i> ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
START DATE 20221111	END DATE 20221111	REHEARSAL DATE ( <i>if applicable</i> )	TIME				
<input type="checkbox"/> CHECK IF 1-DAY EVENT							
6. ATTENDANCE		7. PLANNED MEDIA COVERAGE ( <i>X as applicable</i> )					
a. PROJECTED 7,500	b. PRIOR EVENT 7,000	<input checked="" type="checkbox"/> TELEVISION	<input checked="" type="checkbox"/> RADIO	<input checked="" type="checkbox"/> SOCIAL MEDIA	YOUR MEDIA/PR POC ( <i>Name/telephone/email</i> ):		
		<input type="checkbox"/> REGIONAL	<input checked="" type="checkbox"/> PRINT	<input type="checkbox"/> NONE	NAME	John Q. Public	
		<input type="checkbox"/> NATIONAL				TELEPHONE	785-555-1001
					EMAIL	john.q.public@city.org	

**SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION (Continued)**

(This Section is not required for static displays. Requester may submit a completed FAA Form 7711 (safety form) along with this form in lieu of obtaining a FSDO signature in this section. However, the FSDO contact name and number MUST be included here.)

**18. COORDINATING OFFICIAL**

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

**SECTION V - PROGRAM**

**19. PROGRAM THEME AND OBJECTIVE** (Please explain how aviation support is an integral part of the event.)  
 This is the 10th 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 helicopter will be center piece of the military displays and will allow people to see this piece of equipment up close and learn more about the mission of the military with the helicopter. We will also have military reenactors and their equipment on display.

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.)

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

**21. HISTORICAL INFORMATION**

<b>a. LIST ALL YEARS THE EVENT HAS BEEN HELD</b> Annually since 2012	<b>b. MOST RECENT DoD DEMONSTRATION TEAM</b> (If any) AND YEAR OF PERFORMANCE (e.g., Blue Angels, Thunderbirds, Golden Knights; year)	<b>c. LIST CIVILIAN AND MILITARY AIRCRAFT AT THE LAST EVENT</b> UH-60 Black Hawk
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**SECTION VI - SUPPORT** (All requests other than flyovers.)

<b>22. THE REQUESTER AGREES TO:</b> (Initial each applicable item signifying acceptance. Lack of initials renders the event ineligible for all support other than flyovers.)	APPLICABLE? (If yes, enter initials.)	INITIALS
<b>a. OBTAIN THE AIR SHOW WAIVER FROM THE FAA MONITOR PRIOR TO THE EVENT FOR EACH ACTIVITY REQUIRING A WAIVER</b> (plan a 60-day lead time). FAILURE TO OBTAIN A WAIVER WILL RESULT IN DEMONSTRATION CANCELLATION AT THE EXPENSE OF THE REQUESTER (airshows and open houses only).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>b. PAY COSTS AS OUTLINED ON PAGE 5, PARAGRAPHS 6, 7, AND 8 OF INSTRUCTIONS, AS APPLICABLE.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>c. PROVIDE OR REIMBURSE TRANSPORTATION, MEALS, AND LODGING COSTS</b> (including pre-event visits) FOR ARMED FORCES PARTICIPANTS, AS REQUIRED. (Reimbursement for demonstration teams covered in paragraphs 6, 7, and 8 of Instructions.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>d. PROVIDE SUITABLE AIRCRAFT FUEL AT MILITARY CONTRACT PRICES</b> (airshows and open houses only). (Requester must pay all costs over military contract prices, including any transportation and handling charges, if fuel is not available at such prices.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>e. PROVIDE SECURITY FOR AIRCRAFT AT EVENT SITE DURING ENTIRE STAY.</b> (Certain assets (such as the F-35) will require extensive security.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>f. PROVIDE MOBILE FIREFIGHTING, CRASH, GROUND-TO-AIR COMMUNICATIONS, MOBILE ARRESTING GEAR, GROUND SUPPORT EQUIPMENT AS APPLICABLE PER SERVICE SPECIFIC SUPPORT MANUALS, AT THE SHOW SITE FOR FLIGHT AND PARACHUTE DEMONSTRATIONS AND STATIC DISPLAY AIRCRAFT</b> (airshows and open houses only).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>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.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>h. PROVIDE TELEPHONE FACILITIES FOR NECESSARY OFFICIAL COMMUNICATIONS AT THE EVENT SITE.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>i. PROVIDE AERIAL PHOTOGRAPH AND AIRFIELD DIAGRAM UPON REQUEST.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP
<b>j. WILL RUN EMERGENCY RESPONSE DRILL ON REHEARSAL DAY</b> (airshows and open houses only).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JP

**SECTION III - REQUESTER INFORMATION**

<b>8. LOCAL REQUESTING ORGANIZATION</b> <i>(not contracted event promoter, airboss, or others not directly employed by event requesting organization)</i>			<b>b. TYPE</b> <i>(X one)</i>	
a. <b>NAME</b> <i>(Include website)</i> American Legion Post #1 (www.AmericanLegion1.org)			<input type="checkbox"/> PROFIT	
			<input checked="" type="checkbox"/> NONPROFIT	
<b>9. POINT OF CONTACT FOR AVIATION ACTIVITIES FOR THIS EVENT</b> <i>(Please PRINT all contact information.)</i>				
a. <i>(X one)</i>		b. <b>NAME</b> <i>(Last, First, Middle Initial)</i>		c. <b>RANK</b> <i>(If military)</i>
<input checked="" type="checkbox"/> MR. <input type="checkbox"/> MS.		Public, John Q.		
d. <b>PHONE NUMBERS</b> <i>(Include area code)</i>			e. <b>E-MAIL ADDRESS</b>	
(1) <b>TELEPHONE NO.</b> 785-555-1001	(2) <b>CELL PHONE NO.</b> 785-555-1002	(3) <b>DSN</b>	john.q.public@city.org	
<b>10. IS EVENT OFFICIALLY SUPPORTED BY LOCAL GOVERNMENT</b> <i>(X one)</i>				YES    NO
				<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>11. WILL YOU PROVIDE A POST-EVENT REPORT ON REQUEST?</b> <i>(X one)</i>				<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>12. DOES REQUESTING ORGANIZATION PERMIT MEMBERSHIP WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, GENDER IDENTITY, OR SEXUAL ORIENTATION?</b> <i>(X one)</i>				<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>13. WILL ALL ASPECTS OF THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, GENDER IDENTITY, OR SEXUAL ORIENTATION?</b> <i>(X one)</i>				<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>14. WILL THE EVENT BE OPEN TO THE GENERAL PUBLIC?</b> <i>(X one)</i>				<input checked="" type="checkbox"/> <input type="checkbox"/>

**SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION**

*(This Section is not required for static displays. Requester may submit a completed FAA Form 7711 (safety form) along with this form in lieu of obtaining a FSDO signature in this section. However, the FSDO contact name and number MUST be included here.)*

**FOR THIS EVENT TO BE CONSIDERED FOR U.S. MILITARY SUPPORT, THE REQUESTER 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 REQUESTER 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 requester for submission to DoD. Requesters 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 AERIAL ACTIVITIES 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 REQUESTER. *(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 requester 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) (Explain the desired effects of U.S. military participation in this event and how it will be amplified via social media)*

This section does not need to be filled out when requesting a static display

**SECTION VII - CERTIFICATION BY REQUESTER** (Signature will expire the day after the date of event.)

**23. PRESIDENT/CHAIRMAN OF REQUESTING ORGANIZATION/BASE OR WING COMMANDER** (If civilian sponsored or military requested, respectively; this will not be a contracted event promoter or others not directly employed by the event sponsoring organization.)

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

*John Q. Public*

b. DATE SIGNED (YYYYMMDD)

*20220408*

c. PRINT NAME AND TITLE

*John Q. Public  
Commander, American Legion #1*