Helicopter Right of Entry Request

Requestor Information

Full Legal Name of Requesting Company:
Address:
Type of company: Sole Proprietorship Partnership LLC Corporation Other
State of incorporation or creation:

Person authorized to sign the Right of Entry:
Name:
Title:
Email:
Phone:

Contact Person/Freight Forwarder/Customs Broker (if different from signatory):
Name:
Phone:
Email:

Flight Information

MPA Facility or Facilities:
Type of Helicopter:
Shipping Date:
Estimated Date of Flight:

Terminal Operator:
Contact Name:
Contact Phone:
Contractors (if different from operator):
Company:
Contact:
Phone:

Do all participants possess TWIC Cards? YES NO
If no, provide the name of Escort Company:

Insurance Requirements

Requestor will need to provide proof of commercial general liability, aircraft liability, automobile liability, and employer's liability insurance certificates naming MPA, MDOT, and the State of Maryland as additional insureds along with this request form. Auto liability may be waived if contractor is using personal vehicles on terminal.

Request Form and Insurance Certificates must be submitted at least **FIVE** business days prior to helicopter's arrival to the terminal
MPAPropertyMngt@MarylandPorts.com