City of Columbia, Missouri
Parks and Recreation
Aerial Sports Identification Letter

Aircraft owner:_____

Owner's address:
Street:_____

City:_____ State:_____ Zip:_____

Phone number:_____

Aircraft registration number:_____

Pilots name:_____

Pilot certificate number:_____

Pilot's address:
Street:_____

City:_____ State:_____ Zip:_____

Phone number:_____

Attach photo of aircraft:

Attach copy of insurance certificate: