

**State of Colorado
Office of Risk Management
Aircraft Operations Use Application**

Colorado Fiscal Rule 11.10.2 states in part:

Allowances for Travel by Leased or Privately Owned Aircraft

A State Agency shall not authorize the use of a privately owned aircraft without the prior written approval from the State Office of Risk Management. No reimbursement shall be allowed unless the required prior written approval has been secured.

State employees seeking the State Office of Risk Management approval pursuant to the above must complete and sign this application and send via e-mail (dpa_rm@state.co.us), fax (303-894-2409) or USPS mail (1525 Sherman St. 2nd Floor, Denver CO 80203) to this office with the following documents:

- 1) A copy of the declarations page for an applicable aircraft liability insurance policy, clearly indicating:
 - a. Insurance company and policy number
 - b. Policy effective dates
 - c. Coverage limits
 - d. Existence of an appropriate business use endorsement *
 - e. Indication of primary coverage for the employee *
 - f. Aircraft identification
 - g. The aircraft owner
- 2) A copy of the pilot's FAA license and ratings
- 3) A copy of the pilot's current FAA medical certificate
- 4) A copy of the aircraft owner's use agreement
- 5) A description (below) of the intended aircraft use as it pertains to State of Colorado employment:
- 6) _____

- 7) A signed copy of this application

** These items may require copying from the policy, or a separate statement from the insurance broker/agent*

I certify that the information submitted pursuant to this application is current, true and correct. I understand that any approval of aircraft operations granted by the State Risk Management Office is not to be construed as a certificate of insurance or self-insurance for any aircraft.

Name (print): _____ Signature: _____ Date: _____

Work address: _____

City, State, Zip code: _____

Work telephone: _____ Work e-mail: _____

Approvals will be sent to the applicant via the **e-mail address** or **work address** listed above (circle one).

<i>Office of Risk Management use only:</i>	<i>Approved</i> _____	<i>Denied</i> _____
<i>State Risk Manager Approval:</i>	<i>Signature:</i> _____	<i>Date:</i> _____