



ALLEGHENY COUNTY AIRPORT AUTHORITY
 PITTSBURGH INTERNATIONAL AIRPORT
 ALLEGHENY COUNTY AIRPORT

Landside Terminal, 4th Floor Mezz
 Room L4470
 PO Box 12370
 Pittsburgh PA 15231

EQUIPMENT/ CRANE AIRSPACING REQUEST FORM

Please complete and submit this form a minimum of three (3) business days **prior** to the requested date(s). This form must be submitted by email to the Allegheny County Airport Authority for review. No work may occur until written authorization has been received from the Allegheny County Airport Authority. Please email requests to aebing@mec4cm.com and sclendaniel@mec4cm.com and CC: twoodrow@flypittsburgh.com, jamuso@flypittsburgh.com and jbezek@flypittsburgh.com.

Contact Information: _____ Phone Number: _____
 _____ Email Address: _____

Date(s) Requested: _____ Time(s) Requested: _____

Work Site Address: _____ Site Emergency Contact: _____
 _____ Cell Phone Number: _____

Crane/ Equipment Location: Latitude _____ Longitude _____
 (Example: N40°21'26.32") (Example: W80°14'11.07")

Crane/ Equipment Information:

Crane/ Equipment Ground Elevation: _____

Maximum Boom Height: _____ Working Boom Height: _____

Description of Work: _____

