



PREAPPLICATION STATEMENT OF INTENT

**US Department of Transportation
Federal Aviation Administration**

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0593. Public reporting for this collection of information is estimated to be approximately 96 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandatory per 14 CFR Part 119. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

Section 1A. To Be Completed By All Applicants

1. Name and mailing address of company	2. Address of principal base where operations will be conducted <i>(do not use post office box)</i>	
3. Proposed Start-up date	4. Requested three-letter company identifier in order of preference	
	1.	2.
	3.	
Company Email Address	Doing Business As (DBA)	

5. Management Personnel		
Name (Last, first, middle)	Title	Telephone (including area code) and Email Address

Section 1B. To Be Completed By Air Operators

6. Proposed type of operation (check as many as applicable)

<input type="checkbox"/> Air Carrier Certificate	<input type="checkbox"/> Part 121	<input type="checkbox"/> Passengers and Cargo	<input type="checkbox"/> Single Pilot Operator
<input type="checkbox"/> Operating Certificate	<input type="checkbox"/> Part 125	<input type="checkbox"/> Cargo Only	<input type="checkbox"/> Single Pilot-in-Command Operator
	<input type="checkbox"/> Part 133	<input type="checkbox"/> Scheduled Operations	<input type="checkbox"/> Basic Part 135 Operator
	Part 135	<input type="checkbox"/> Nonscheduled Operations	

Section 1C. To Be Completed By Air Agencies

7. Proposed type of agency and rating(s)

<input type="checkbox"/> Part 145 Repair Station	<input type="checkbox"/> Part 147 Maintenance Technical School
<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Satellite <input type="checkbox"/> Airframe <input type="checkbox"/> Instrument <input type="checkbox"/> Powerplant <input type="checkbox"/> Accessory <input type="checkbox"/> Propeller <input type="checkbox"/> Specialized Service <input type="checkbox"/> Radio	<input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Both

Any other purpose for which the FAA finds the applicant's request if appropriate

Section 1D. To Be Completed By Air Operators

8. Aircraft Data	9. Geographic area of Intended operations				
<table style="width: 100%;"> <tr> <td style="width: 50%;">Numbers and types of aircraft (Include Registration if available) (by make, model, and series)</td> <td style="width: 50%;">Number of passenger seats or cargo payload capacity</td> </tr> <tr> <td style="height: 150px;"></td> <td></td> </tr> </table>	Numbers and types of aircraft (Include Registration if available) (by make, model, and series)	Number of passenger seats or cargo payload capacity			<div style="height: 150px;"></div>
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Section 1E. To Be Completed By All Applicants

10. Additional information that provides a better understanding of the proposed operation or business *(attach additional sheets, if necessary)*

11. The statements and information contained on this form denote an intent to apply for FAA certification.

Signature	Date	Name and Title
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Section 2. To Be Completed By FAA District Office

Received by (district office):	Precertification Number
Date:	Date Coordinated with AFS-620

Remarks