## PREAPPLICATION STATEMENT OF INTENT

US Department of Transportation
Federal Aviation Administration
Paperwork Reduction Act Statement: Title 49 U.S.C., Section 44702 empowers the Secretary of Transportation to issue air carrier operating certificates and to establish minimum safety standards for the
 FAA Flight Standards District Office (FSDO) uses the PASI to evaluate the complexity of the proposed operation. The FAA will use the information it collects and reviews to ensure compliance and


 burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

## Section 1A. To Be Completed By All Applicants



## Section 1B. To Be Completed By Air Operators

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

|  | Passengers and Cargo Cargo Only <br> Scheduled Operations Nonscheduled Operations | Single Pilot Operator <br> Single Pilot-in-Command Operator Basic Part 135 Operator |
| :---: | :---: | :---: |
| Section 1C. To Be Completed By Air Agencies |  |  |
| 7. Proposed type of agency and rating(s) Part 145 Repair Station Domestic Foreign New Renew Satellite Airframe Instrument Powerplant $\square$ Accessory Propeller Specialized Service Radio | Part 147 Maintena Airframe Powerplant Both Part 149 Parachu | ce Technical School <br> Loft |
| Section 1D. To Be Completed By Air Operators |  |  |
| 8. Aircraft Data |  | 9. Geographic area of Intended operations |
| Numbers and types of aircraft (by make, model, and series) | Number of passenger seats or cargo payload capacity |  |

## 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 |
| :--- | :--- | :--- |

## Section 2. To Be Completed By FAA District Office

| Received by (district office): | Date forwarded to Region: |
| :--- | :--- |
| Date: | For: $\quad \square$ Action $\square$ Information only |

Remarks

Section 3. To Be Completed By Regional Office

| Received by: | Precertification Number: |
| :--- | :--- |
| Date: | Date coordinated with AVN-120: |
| District office assigned responsibility: | Date forwarded to district office: |

Remarks

