



US Department of Transportation  
Federal Aviation Administration

## ORGANIZATION DESIGNATION AUTHORIZATION STATEMENT OF QUALIFICATIONS

OMB Control Number 2120-0704  
Expiration Date 09/30/2008

### Paperwork Reduction Act Statement:

This collection of information is to obtain information concerning the applicant's qualifications. The FAA uses the information provided to determine the suitability of the applicant to act as a representative of the administrator for the purpose of issuing FAA design and airworthiness approvals. The burden associated with new applications using this form is 5 hours. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number associated with this form is 2120-0704. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

**1. COMPANY NAME:**

**2. PHONE NUMBER:**

**3. COMPANY ADDRESS:** (Number, street, city and ZIP code)

**4. TYPE OF ODA SOUGHT:**

TC     PC     TSO     STC     MRA     PMA     Other \_\_\_\_\_

**5. FUNCTIONS SOUGHT:** (Applicants shall identify below the specific function(s) for which appointment is sought, and identify any limitations based on experience, e.g., type and complexity of the product).

**6. EXPERIENCE WORKING WITH THE FAA AS APPROPRIATE FOR THE TYPE OF AUTHORIZATION SOUGHT:** (Use additional sheets as necessary)

**7. HOLD THE FOLLOWING FAA CERTIFICATE(S) REQUIRED FOR ELIGIBILITY OF THE TYPE OF ODA SOUGHT:**

Certificate Type	Certificate Number	Ratings	Date Each Rating Issued

**8. LOCATION(S) WHERE THE DELEGATED FUNCTIONS WILL BE PERFORMED:** (Use additional sheets as necessary)

**9. CERTIFICATION:** I certify that the above statements are true to the best of my knowledge and that the organization is familiar with the Federal Aviation Regulations pertinent to the delegation sought.

Date \_\_\_\_\_ Signature (Management representative of company requesting delegation)