

NAS Data Release RequestOMB Approved 2120-0668
01/31/2008

Paperwork Reduction Act Statement: This data is collected to assess the validity of your request for approval/disapproval. It will take approximately 27 hours or less to complete this form. The collection is mandatory, and all information collected shall be kept confidential. An agency may not collect, and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number. 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, ABA-20

1. Business/Organization Name		2. Business Phone Number	
3. Address (Street, City, State, ZIP Code)			
4. Point of Contact (POC) Name		5. Phone Number	6. Full E-mail address
7. Are you currently receiving NAS data? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to #10)			
8. Indicate your authority to access NAS data: <input type="checkbox"/> Memorandum of Agreement <input type="checkbox"/> Government contract (Attach documentation) <input type="checkbox"/> Other (Explain)			
9. Indicate if you have an approved NCP(s) on file: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the case file number(s):			
10a. Type of data you are requesting: <input type="checkbox"/> Delayed <input type="checkbox"/> Recorded 10b. Describe the data requested: (Attach additional sheets)			
11. Describe your proposed method for acquiring data: (Attach additional sheets)			
12. Describe the nature of your organization/business and the purpose for this request. (Attach additional sheets)			
13. Describe your sensitive data filtering process. (Attach additional sheets)			
14. List any non- U.S. citizen personnel you will employ for this data request. Explain his/her duties in relation to this data request. (Attach additional sheets)			
FOR OFFICE USE ONLY: Request Date: ____/____/____		Package Date: ____/____/____	
Issue Date: ____/____/____		Review Date: ____/____/____	

If you require additional space to provide your answers, write them on a separate sheet preceded by the item number and attach them to this request.

1. Enter the complete registered name of the business or organization that has authority for all operations.
2. Enter the phone number of the business or organization.
3. Enter the complete address of the business or organization.
4. Enter the Point of Contact (POC) who will have the delegated authority. If this person is the same as the one stated in 3, indicate by entering "same as above."
5. Enter the phone number of the POC. If this person is the same as the one stated in item 4, indicate by entering "same as above."
6. Enter the business or organization's e-mail address.
7. Check the appropriate box. If the answer is "Yes," attach a copy of the appropriate documentation.
8. Check the appropriate box.
9. Indicate whether or not you have an approved NAS Change Proposal (NCP) with the FAA and include that number. If you have more than one NCP, list all NCP numbers.
10. Describe the type of data you are requesting – location, facility, exact data sought. Be as specific as possible.
11. Describe your method for accessing NAS data. Tell what your equipment will do, how it will operate, the method of filtering, and any other capabilities as required.
12. State the type of business you operate and the specific purpose for using the NAS data.
13. List, in specific detail, your filtering process and data safeguard procedures.
14. Provide the names of any non-U.S. citizen personnel you plan to employ for this data request, along with the scope and nature of work the individual will perform.

NOTE: This form may also be downloaded from the AOP-300 website at:

<http://www.faa.gov/ats/aaf/aop/300/1200.22/>