APPLICATION	CATE			FAA USE ONLY Site Number	
Department of Transportation      Airport Operating Certificate      Federal Aviation Administration      Time-Limited Airport Operating Certificate					
Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual to the headquarters of the appropriate FAA Regional Office.					
Type of Submission (Check One)					
Original Amendment Exemption					
A. Location of Airport					
1. Name of Airport		2. Address (Number, Street, P.O. Box)			
3. City				State	6. Zip Code
6a. Latitude 6b. Longitude		Airport is: a. State Licensed ☐ Yes ☐ No			
o ı ıı o		b. State Inspe			
B. Ownership					
1. Municipality State   Corporation County   Port Authority Airport Authority		2. Airport is Civil Mil/Civ Joint Use Shared Use			
3. Name of Owner	4. Name of Manager/Operator				
Number/Street/P.O. Box		Number/Street/P.O. Box			
City County State Z	<i>ï</i> ip	City C	ounty St	ate Zip	
C. Operative Data					
1. Certificate Applied For:		2. Fire Fighting Equipment (Check Current Index and ensure			
Class I Class II Class III Class IV		equipment is listed in ACM) $\square A \square B \square C \square D \square E$			
3. Air Carriers to be served (UA, DL, CO, AA, etc.)		4. Air Carrier Aircraft to be served (737, DC-9, A-320, etc.)			
5. ARFF Exemption Applied For:	6. Other exemptions applied for:				
<b>D. Remarks</b> Check here and use addition	onal sheet of paper.				
<b>E. Certification</b> This application, including the Airport Certificat Airport Operating Certificate. I certify, under per and information in the application form and man	enalty of 18 U.S. Code,	Section 1001, and o	other applicable p		
Applicant Signature	Applicant Address/Number/Street/P.O. Box				
Applicant Name (typed)		City			
Applicant Title	Date Submitted	State	Zip	Teleph (	one No.
FAA Use Only				`	
1. Date Application received	2. Date Proposed for Inspection				
3. Date Inspection Completed		Signature		Title	
4. Recommended for Date   Certificate Modification   Disapproval Letter of Authorization		Signature		Title	
5. Remarks FAA 5280-1 (2-04) Supersedes Previous Editi					

Paperwork Reduction Act Statement: The information collected on this form is necessary to determine applicant eligibility for airport operating certificates. The FAA estimates that it will take 200 hours to complete this form and develop an Airport Certification Manual or Airport Certifications specifications that must accompany this form. This collection of information is mandatory under 14 CFR Part 139. 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 for this collection of information is 2120-0675. 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