Paperwork Reduction Act Statement: A federal agen comply with a collection of information subject to the r The OMB Control Number for this information collecti the time for reviewing instructions, completing and rev	requirements of the Paperwork Reduction Act ion is 2120-0668. Public reporting for this co iewing the collection of information. All resp	is not required to respond to, nor shall a pe unless that collection of information displa llection of information is estimated to be ap onses to this collection of information are i	ys a current valid OMB Control Number. proximately 27 hours per response, including mandatory per Public Law 100-235.
Comments concerning the accuracy of this burden and Information Collection Clearance Officer, ASP-110.	suggestions for reducing the burden should be	e directed to the FAA at: 800 Independence	Ave. SW, Washington, DC 20591, Attn:
1. Business/Organization Name		2. Business Phone	Number
3. Address (Street, City, State, ZI	P Code)		
4. Point of Contact (POC) Name	5. Phone Number	6. Full E-mail addr	ess
7. Are you currently receiving NAS dat	ta? \Box Yes \Box No (If no, sk	ip to #10)	
8. Indicate your authority to access NAS data: $ \square Memorandum of Agreement \\ \square Other (Explain) \square Ot$			
9. Indicate if you have an approved NCP(s) on file: Yes No If yes, list the case file number(s):			
10a. Type of data you are requesting: Delayed 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 organiz		-	onal sheets)
13. Describe your sensitive data filterin	g process. (Attach additional sh	eets)	
14. List any non- U.S. citizen personnel additional sheets)	l you will employ for this data rec	uest. Explain his/her duties in r	elation to this data request. (Attach
FOR OFFICE USE ONLY: Reques	t Date://	Package Date	e://
Issue I			e://
(FAA FORM 1200-5) (2-02)	Local Reproduction A	uthorized	NSN: 0052-00-923-3000

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 w hat 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.