comply with a collection of information subject to the requiremen The OMB Control Number for this information collection is 2120 the time for reviewing instructions, completing and reviewing the	ts of the Paperwork Reduction Act unless that co- 0668. Public reporting for this collection of info collection of information. All responses to this	04/30/2014  It or respond to, nor shall a person be subject to a penalty for failure to llection of information displays a current valid OMB Control Number.  Transition is estimated to be approximately 27 hours per response, including
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?	Yes $\square$ No (If no, skip to #10)	
8. Indicate your authority to access NAS data:		
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 organization/bu	usiness and the purpose for this red	quest. (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	1 1	Review Date: / /

(FAA FORM 1200-5) (2-02)

Local Reproduction Authorized

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.