

**Federal Aviation Administration  
Transport Airplane Directorate  
Stakeholder Survey**

**PAPERWORK REDUCTION ACT STATEMENT:** The information collected on this survey is necessary for ensuring a continuously Improvement of the AIR Type Certificate and Supplemental Type Certificate process. It is estimated that it will take approximately ten minutes to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Completion of this form is voluntary. There is no confidentiality provided. Note that an agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0746. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: Transport Airplane Directorate 1601 Lind Ave. S.W. Renton, WA 98057-3356 attn: ANM-100.

**We are very interested in the quality of service we provide to the aviation community and the general public, and it would be helpful if you would provide some feedback in the form of your thoughts and comments regarding how the approval process went for the project noted below. To gather this information, please complete the following survey and return it in the self-addressed stamped envelope.**

**The Aircraft Certification Office Manager will review your comments personally. Your comments and/or concerns will be held in confidence. Please note that this Stakeholder survey is common to all Aircraft Certification Offices within the FAA's Aircraft Certification Service. Feedback provided in this survey process is aimed at enabling the Aircraft Certification Service to deliver the best services to each of our Stakeholders.**

Date:

**Instructions:**

- a. This survey should be completed by the individual who had the most contact with the Aircraft Certification Office (ACO) during the completion of the (TC, STC,) project.
- b. Please focus **ONLY** on the services that this ACO and applicable FAA Designees have provided to you in terms of this project(s).

**1. Aircraft Certification Office Performance Relative to Established Plan(s)**

If there was a Partnership for Safety Plan (PSP) and/or a Project Specific Certification Plan (PSCP) applicable to this project, how well did the FAA ACO live up to our agreements/commitments (timeliness of actions, follow through on commitments, regular communication, etc.) ?

2. **Evaluation of ACO service:** Please circle the number in Column B that best reflects our performance for each topic. Use Column C for any additional remarks for each topic.

**1 = Unsat    2 = Poor    3 = Adequate    4 = Good    5 = Excellent**

<u>Column A</u> Topics	<u>Column B</u> Circle the number that reflects effectiveness	<u>Column C</u> Additional Remarks
Communication concerning project: Clear, concise, understandable?	1   2   3   4   5	
Meeting your scheduling requirements?	1   2   3   4   5	
Explanation of Certification Process?	1   2   3   4   5	
Regulatory and Procedural guidance?	1   2   3   4   5	
Consistency in the application and interpretation of policies and regulations?	1   2   3   4   5	
Project Documentation (e.g. TIAs, Flight Manuals, TCDS, Certificate)?	1   2   3   4   5	
Problem solving?	1   2   3   4   5	
Overall Service?	1   2   3   4   5	

3. **If the ACO has worked with you in the past, how would you rate our latest service as compared to earlier projects?** (Circle one)

*Improved*

*About the same*

*Worse*

4. **Comments about other aspects of ACO service** (e.g., attitude, helpfulness, cooperation, etc.):

5. **FAA Designee utilization and performance:**

- a. If one or more Designated Engineering Representatives (DER) were involved in the project, how would you rate the service you received from the DER(s)? (*circle one*)

*Unsatisfactory*

*Poor*

*Adequate*

*Good*

*Excellent*

- b. If one or more Designated Airworthiness Representatives (DAR) were involved, how would you rate the service you received from the DAR(s)? (*circle one*)

*Unsatisfactory*

*Poor*

*Adequate*

*Good*

*Excellent*

- c. What general comments do you have regarding the services of FAA designees?

6. **Do you have any suggestions as to how we could better serve you?**

7. **(Optional): In order to better serve you, it would be helpful for us to know what project number you are providing feedback on and which company you work for.**

**Project Type/Number** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**If you would like a manager to contact you for a discussion of any aspect of our service, please provide the following information.**

**Name** \_\_\_\_\_ **Contact** \_\_\_\_\_