

Section 1E. To Be Completed By All Applicants

10. Additional information that provides a better understanding of the proposed operation or business *(attach additional sheets, if necessary)*

11. The statements and information contained on this form denote an intent to apply for FAA certification.

Signature	Date	Name and Title
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Section 2. To Be Completed By FAA District Office

Received by (district office):	Date forwarded to Region:
Date:	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only

Remarks

Section 3. To Be Completed By Regional Office

Received by:	Precertification Number:
Date:	Date coordinated with AVN-120:
District office assigned responsibility:	Date forwarded to district office:

Remarks