

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 |
|-----------|------|----------------|

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