

TEAR OFF  
BEFORE USING

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

SUPPLEMENTAL  
INFORMATION

**CERTIFICATION OF WAIVER OR AUTHORIZATION APPLICATION**

**Paperwork Reduction Act Statement:** A federal 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 subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0027. Public reporting for this collection of information is estimated to be approximately 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit by 14 CFR Part 91, Part 101, and Part 105. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

**FAA Form 7711-2** (6-86) Supersedes Previous Edition

***DETACH THIS PART BEFORE USING***

No certificate may be issued unless a completed application form has been received (14 C.F.R. 91. 101, and 105).



US Department of Transportation  
Federal Aviation Administration

**APPLICATION FOR  
CERTIFICATE OF WAIVER  
OR AUTHORIZATION**

Form Approved: O.M.B. No. 2120-0027 08/31/2008

**APPLICANTS - DO NOT USE THESE SPACES**

Region	Date
Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved - <i>Explain under "Remarks"</i>	
Signature of authorized FAA representative	

**INSTRUCTIONS**

Submit this application in triplicate (3) to any FAA Flight Standards district office.

Applicants requesting a Certificate of Waiver or Authorization for an aviation event must complete all the applicable items on this form and attach a properly marked 7.5 series Topographic Quadrangle Map(s), published by the U.S. Geological Survey (scale 1:24,000), of the proposed operating area. The map(s) must include scale depictions of the flightlines, showlines, race courses, and the location of the air event control point, Police dispatch, ambulance, and fire

fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must be submitted 45 days prior to the requested date of the event.

Applicants requesting a Certificate of Waiver or Authorization for activities other than an aviation event will complete items 1 through 8 only and the certification, item 15, on the reverse.

1. Name of organization		2. Name of responsible person		
3. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
4. FAR section and number to be waived				
5. Detailed description of proposed operation <i>(Attach supplement if needed)</i>				
6. Area of operation <i>(Location, altitudes, etc.)</i>				
7a. Beginning <i>(Date and hour)</i>			b. Ending <i>(Date and hour)</i>	
8. Aircraft make and model (a)	Pilot's Name (b)	Certificate number and rating (c)	Home address <i>(Street, City, State)</i> (d)	

**ITEMS 9 THROUGH 14 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.**

9. The air event will be sponsored by:

10. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
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11. Policing *(Describe provisions to be made for policing the event.)*

12. Emergency facilities *(Mark all that will be available at time and place of air event.)*

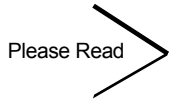
Physician                       Fire truck                       Other - Specify \_\_\_\_\_  
 Ambulance                       Crash wagon                      \_\_\_\_\_

13. Air Traffic control *(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)*

14. Schedule of Events *(include arrival and departure of scheduled aircraft and other periods the airport may be open.)*

Hour (a)	Date (b)	Event (c)

*If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.*



The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.

15. Certification - I CERTIFY that the foregoing statements are true.

Date	Signature of Applicant
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Remarks