### TEAR OFF BEFORE USING

# DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

SUPPLEMENTAL INFORMATION

#### **CERTIFICATION OF WAIVER OR AUTHORIZATION APPLICATION - PRIVACY ACT**

The information on the accompanying form is solicited under authority of Federal Aviation Regulations Parts 91, 101, and 105.

Submission of the information is mandatory.

The purpose of this information is to establish eligibility for certificate of waiver or authorization

The data will be used for recordkeeping and statistical purposes.

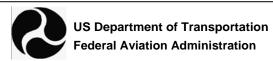
Incomplete submission may result in delay or denial of your request.

FAA Form 7711-2 (8/08) Supersedes Previous Edition

DETACH THIS PART BEFORE USING

#### **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 1 hour and 15 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 a benefit. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524



# **APPLICATION FOR CERTIFICATE OF WAIVER** OR AUTHORIZATION

From Approved: O.M.B. No.2120-0027 07/31/2023					
APPLICANTS - DO NOT USE THESE SPACES					
Region	Date				
Action					
□ Approved □ Disapproved − "Explain under "Remarks"					
Signature of authorized FAA represe	entative				

## **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 operatfighting 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 Authoriza-

flightlines, sho	wlines, race	courses, and the location of the dispatch, ambulance, and fire	e it	items 1 through 10 only and the certification, item 17, on the reverse.						
1. Name of organiz	zation		2.	2. Name of responsible person						
3. Permanent mailing address	House numb	er and street or route number	City		State and ZIP code	Telephone No.				
4. State whether the applicant or any of its principal officers/owners has an application for waiver pending at any other office of the FAA.										
State whether the a principal officers/or		its principal officers owners has ever had	its application for wai	ver denied, or whether	the FAA has ever withdrawn a wai	ver from the applicant or any of its				
6. FAR section and number to be waived .										
7. Detailed description of proposed operation (Attach supplement if needed)										
·	8. Area of operation (Location, altitudes, etc.)									
9a. Beginning (Date and hour)				b. Ending (Date and hour)						
10. Aircraft Pilot's Name (a) (b)		Cer	tificate number and rating (c)	Home address (Street, City, State) (d)						

ITEMS 11 THROUGH 16 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.									
11. The air event will be sponsored by:									
12. Permanent	House number ar	nd street or route number	City	State and ZIP code	Telephone No.				
mailing address									
13. Policing (Descrit	be provisions to be ma	ade for policing the event.)							
	•	· · · ·							
14 Emorgonov fooi	lition (Mark all that wi	II be available at time and place of air e	vont )						
14. Emergency raci	iilles (iviai'k ali tilat wi	ii be avaliable at time and place of all e	vent.)						
□ Physicia	ın	□ Fire truck	□ Other - Specify						
□ T Hysicia	111	- The truck	- Other - Opechy	_					
□ Ambular	nce	<ul> <li>Crash wagon</li> </ul>							
			<del> </del>						
15. Air Traffic contro	l (Describe method of	controlling traffic, including provision for	arrival and departure of scheduled air	rcraft.)					
16. Schedule of Eve	ents (include arrival ar	nd departure of scheduled aircraft and or	her periods the airport maybe open.	)					
Hour	Date		Event						
(a)	(b)		(c)						
If sufficient spa	ace is not available, the	e entire schedule of events may be subm	itted on separate sheets in the order	and manner indicated above					
		•	•						
Diagon Dood		ed applicant accepts full responsib							
Please Read		uthorization, and understands that above described operation.	the authorization contained in	such certificate will be strictly					
	illilited to the a	bove described operation.							
17. Certification -	I CERTIFY that th	e foregoing statements are true.							
Date	Signature of	Applicant							
Remarks									