Form Approved OMB No. 2120-0593 Expiration Date: 04/30/2018



PREAPPLICATION STATEMENT OF INTENT

US Department of Transportation Federal Aviation Administration

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nformation collection is 2120-0593. Public reporting for this collectic lata sources, gathering and maintaining the data needed, completir comments regarding this burden estimate or any other aspect of this SW, Washington, DC 20591, Attn: Information Collection Clearance	ng and reviewing the collection of s collection of information, including	information. All response	onses to this collection of information are mandatory	per 14 CFR Part 119. Send	
Section 1A. To Be Completed By All Applicant					
1. Name and mailing address of company		2. Address of principal base where operations will be conducted (do not use post office box)			
3. Proposed Start-up date	4. Requested three-let	nested three-letter company identifier in order of preference 2. 3.			
Company Email Address	Doing Business As (D	BA)			
5. Management Personnel					
Name (Last, first, middle)		Title	Telephone (Email Addre	including area code) and ss	
Section 1B. To Be Completed By Air Operators	3		<u> </u>		
6. Proposed type of operation (check as many Air Carrier Certificate Operating Certificate Part 125 Part 133 Part 135	Passenge Cargo On Scheduled	ers and Cargo ly d Operations duled Operations	☐ Single Pilot Operator ☐ Single Pilot-in-Command Oper ☐ Basic Part 135 Operator	ator	
Section 1C. To Be Completed By Air Agencies					
7. Proposed type of agency and rating(s) Part 145 Repair Station Domestic Foreign New Renew Satellite Airframe Powerplant Propeller Specialized Service	Pa	Airframe Powerplant Both	e Technical School		
Section 1D. To Be Completed By Air Operators	i				
8. Aircraft Data Numbers and types of aircraft (Include Registration if ava	· ·	ger seats or	9. Geographic area of Intended oper	ations	
(by make, model, and series)	cargo payload cap	acity			

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)						
10. Additional information that provides a better underst	anding of the proposed opera	ation or bu	usiness (attach additional sheets, if necessary)			
11. The statements and information contained on this fo						
Signature	Date	Name and	d Title			
Section 2. To Be Completed By FAA District Office						
Received by (district office):			Precertification Number			
			r recennication number			
received by (district office).						
			Date Coordinated with AFS-620			
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