



**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): | Precertification Number       |
| Date:                          | Date Coordinated with AFS-620 |

Remarks