



U.S. Department
of Transportation
Federal Aviation
Administration

INFORMATION FOR APPLICANT

**ORGANIZATION DESIGNATION AUTHORIZATION STATEMENT OF
QUALIFICATIONS**

Privacy Act Statement

This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a. The authority for collecting this information on FAA Form 8100-13, Organization Designation Authorization Statement of Qualifications is contained in 49 U.S.C. § 44702 as implemented by 14 CFR Part 183. The purpose of this information is to evaluate an applicant's application for Organization Designation Authorization authority. This information is covered by the Privacy Act system of records notice (SORN) DOT/FAA 830, Representatives of the Administrator, and is subject to the following routine uses as published in the Federal Register: (1) To provide the public with the names and addresses of certain categories of representatives who may provide service to them; and (2) DOT's Prefatory Statement of General Routine Uses (available at <https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notice>). Submission of this data is mandatory and will become part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator. Incomplete submission may result in delay or denial of your application.

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TEAR OFF THIS COVER SHEET BEFORE SUBMITTING THIS FORM



US Department of Transportation
Federal Aviation Administration

ORGANIZATION DESIGNATION AUTHORIZATION STATEMENT OF QUALIFICATIONS

OMB Control Number 2120-0704
Expiration Date 05/31/2025

1. COMPANY NAME:

2. PHONE NUMBER:

3. COMPANY ADDRESS: *(Number, street, city and ZIP code)*

4. TYPE OF ODA SOUGHT:

TC
 PC
 TSO
 STC
 MRA
 PMA
 Other _____

5. FUNCTIONS SOUGHT: *(Applicants shall identify below the specific function(s) for which appointment is sought, and identify any limitations based on experience, e.g., type and complexity of the product).*

6. EXPERIENCE WORKING WITH THE FAA AS APPROPRIATE FOR THE TYPE OF AUTHORIZATION SOUGHT: *(Use additional sheets as necessary)*

7. HOLD THE FOLLOWING FAA CERTIFICATE(S) REQUIRED FOR ELIGIBILITY OF THE TYPE OF ODA SOUGHT:

Certificate Type	Certificate Number	Ratings	Date Each Rating Issued

8. LOCATION(S) WHERE THE DELEGATED FUNCTIONS WILL BE PERFORMED: *(Use additional sheets as necessary)*

9. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that the organization is familiar with the Federal Aviation Regulations pertinent to the delegation sought.

Date

Signature *(Management representative of company requesting delegation)*