## APPLICATION FOR CERTIFICATE

**Department of Transportation**

**Federal Aviation Administration**

Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual to the headquarters of the appropriate FAA Regional Office.

### Type of Submission (Check One)

- [ ] Original
- [ ] Amendment
- [ ] Exemption

### A. Location of Airport

1. Name of Airport
2. Address (Number, Street, P.O. Box)
3. City
4. County
5. State
6. Zip Code

6a. Latitude

6b. Longitude

Airport is:

- [ ] State Licensed
- [ ] State Inspected

### B. Ownership

1. Municipality
- [ ] State
- [ ] Military
- [ ] Corporation
- [ ] County
- [ ] Other (Explain)
- [ ] Port Authority
- [ ] Airport Authority
2. Airport is
- [ ] Civil
- [ ] Mil/Civ Joint Use
- [ ] Shared Use

3. Name of Owner
4. Name of Manager/Operator

### C. Operative Data

1. Certificate Applied For:
   - [ ] Class I
   - [ ] Class II
   - [ ] Class III
   - [ ] Class IV

2. Fire Fighting Equipment (Check Current Index and ensure equipment is listed in ACM)

- [ ] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E

3. Air Carriers to be served (UA, DL, CO, AA, etc.)
4. Air Carrier Aircraft to be served (737, DC-9, A-320, etc.)

5. ARFF Exemption Applied For:
   - [ ] Yes
   - [ ] No

6. Other exemptions applied for:

### D. Remarks

- [ ] Check here and use additional sheet of paper.

### E. Certification

This application, including the Airport Certification Manual, is submitted in order to obtain an Airport Operating Certificate or Time-Limited Airport Operating Certificate. I certify, under penalty of 18 U.S. Code, Section 1001, and other applicable provisions of law that the statements and information in the application form and manual are complete and true to the best of my knowledge.

Applicant Signature
Applicant Address/Number/Street/P.O. Box

Applicant Name (typed)
City

Applicant Title
Date Submitted
State
Zip
Telephone No.

### FAA Use Only

1. Date Application received
2. Date Proposed for Inspection
3. Date Inspection Completed
   Signature
   Title
4. Recommended for
   - [ ] Certificate
   - [ ] Modification
   - [ ] Disapproval
   - [ ] Letter of Authorization
   Date
   Signature
   Title
5. Remarks

FAA 5280-1 (2-04) Supersedes Previous Edition
The information collected on this form is necessary to determine applicant eligibility for airport operating certificates. The FAA estimates that it will take 200 hours to complete this form and develop an Airport Certification Manual or Airport Certification Specifications that must accompany this form. This collection of information is mandatory under 14 CFR Part 139. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0675.