

**Air Tour Safety Standards  
Letter Of  
Authorization  
Application Worksheet**

**Name of Operator:** \_\_\_\_\_ **Phone:** (\_\_\_\_)\_\_\_\_\_

**Agent:** (The person to whom all correspondences from the FAA to the Operator shall be sent.) **Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_)\_\_\_\_\_

**List Any DBAs for this Operator:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Business Address:**

**Mailing Address:** (If Different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principle Place of Business:** (If Different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Responsible for Business Management:**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_)\_\_\_\_\_

**Person Responsible for Aircraft Maintenance:**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_)\_\_\_\_\_

**Aircraft:**

**Category & Class:**

**Make/Model/Series:**

**Registration Number:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Registration and Record Location of Anti-Drug & Alcohol Misuse Prevention Program:**

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_