

**HOW TO BECOME AN ON-
DEMAND
AIR CARRIER OPERATOR**

PREPARED BY:

**FEDERAL AVIATION ADMINISTRATION
TECHNICAL PROGRAMS BRANCH**

AFS-260

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PART I: INTRODUCTION TO ON-DEMAND AIR CARRIER OPERATIONS

In Title 14 of the Code of Federal Regulations (14 CFR), the Department of Transportation (DOT) established a classification of air carriers designated as "on-demand air carrier operators." These carriers engage in air transportation¹ using "small aircraft," that is, aircraft which have a maximum passenger capacity of 60 seats or less and a maximum payload capacity of 18,000 pounds or less². An air carrier, if authorized, may conduct passenger, cargo and mail service in air transportation between any points and at any rates or fares, except as limited by 14 CFR Part 298. The carrier can operate indefinitely as long as it complies with all the requirements of Part 298 and relevant Federal Aviation Administration (FAA) regulations. These requirements have the force of law, and any violations (such as flying without a valid aircraft liability insurance certificate on file with the Department) can result in severe penalties including revocation of operating authority. Please read Part 298 carefully. For questions, contact The FAA, Air Transportation Division (AFS-200).

PART II: HOW TO APPLY FOR ON-DEMAND AIR CARRIER AUTHORITY

Part 298 requires every prospective air carrier operator to file two forms with the FAA. The first is a registration application (OST Form 4507) which is completed by the carrier. The second is a current aircraft liability insurance certificate (OST Form 6410) which is completed by the carrier's insurance company or broker in accordance with Part 205 of the Department's regulations. Copies of both these forms including the address to which they should be submitted are in Part III of this booklet. Links to Parts 298 and 205 are included in Part IV. When the FAA receives these forms and determines them to be in order, the FAA will return an approved copy of OST Form 4507 for the carrier's file. Emailed forms with signatures are encouraged. See part III of this Booklet for email addresses.

At the time an air carrier submits OST Forms 4507 and 6410 to the FAA, it should contact its local FAA, Flight Standards District Office (FSDO) regarding the FAA's certification requirements. An air carrier cannot operate until the FSDO grants it an active air carrier certificate, and the FSDO will not do so until the air carrier receives a verification of insurance and registration authorization from the FAA Headquarters. The air carrier should ensure that it submits OST Forms 4507 and 6410, along with the required fee, to the FAA Headquarters 30 days prior to receiving its air carrier certificate.

PART III: DOT FORMS AND INSTRUCTIONS FOR COMPLETING FORMS

A. Form Submissions. Filing instructions can be found on the OST forms. Additionally, OST forms may be submitted by Facsimile (FAX) or email (preferred). The website link for fillable/fileable forms:

http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/afs/afs200/branches/afs260/exemptions

¹ Air Transportation, defined by the DOT, is the carriage of persons or property in interstate, overseas, or foreign commerce as a common carrier for compensation or hire, or the carriage of mail by aircraft.

² The DOT's definition of a small aircraft is different than the FAA's definition contained in 14 CFR part 1.

1) **For Operators located in Alaska submit OST Forms 4507 and 6410 to:**

Mail	Fax	Email
Federal Aviation Administration Technical Standards Branch 222 West 7 th Avenue, #14 Anchorage, AK 99513-7587 Telephone (907) 271-5303	907-271-1665	AAL-230-Insurance@faa.gov

2) **For all other locations submit the OST Forms 4507 and 6410 to:**

Mail	Fax	Email
Federal Aviation Administration Air Transportation Division, AFS-200 800 Independence Ave., SW, Rm. 831 Washington, DC 20591 Telephone (202) 267-8166	202-267-5229	AFS-260-Insurance@faa.gov

B. Assistance with OST forms. For help and/or information on submitted OST forms, please contact the following personnel.

1) For assistance with OST Insurance registration forms submitted to Anchorage AK, contact, Kim V. Edwards (907) 271-1308 or email to: kim.v.edwards@faa.gov

2) For assistance with OST Insurance registration forms submitted to Washington DC, contact, Katherine D. Tatum (202) 267-7897 or email to: katherine.tatum@faa.gov

C. Instructions for Completing OST Form 4507. Complete **all** numbered areas if possible of OST Form 4507 according to the following instructions. The filing fee will be made payable to the "U.S. Department of Transportation." The initial registration fee is \$8. There is no charge for amendments to information previously filed. Please type all information required (except the signature) or print legibly.

1) **Block 1a.** Indicate the full name of the company as it is recorded on the FAA Air Carrier Certificate and mailing address, including zip code. If doing business under one or more names which are different from the corporate name, include those names in this block as "DBA." If registering for the first time and an FAA certificate has not been issued yet, indicate the name which will appear on that certificate when issued.

2) **Block 1b.** Provide telephone number with area code (office FAX number / email address) to allow the agency to contact you, if questions about your registration are needed.

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3) **Block 2a. & 2b.** Indicate the address of the principal place of business if different from the mailing address indicated in Block 1, telephone number with area code (office FAX number /email address).

4) **Block 3.** Indicate the FAA Air Carrier Certificate number or precertification number (if any) the address and telephone number of the local FAA, Flight Standards District Office (FSDO). Provide the name of the FAA Principal Operations Inspector.

5) **Block 4.** Check "Initial" if this is a first-time registration, and indicate the proposed date to begin operations. [Please note that the insurance coverage must go into effect no later than 30 days of this date.]

a) If the company has registered in the past and the authority was canceled, either voluntarily or involuntarily, you must register as an "Initial" filing and pay the \$8 registration fee. "Amendments to reflect changes since previous filing" should be used only if you have already registered and have current economic authority from the FAA.

b) Amended registrations must be submitted to report changes in the information on file concerning your operations. Changes in any item on the OST-Form 4507, including additions or deletions of listed aircraft, change of name or address, changes in type of operations performed, or cessation of operations are to be reported to the FAA no later than 30 days after the change has occurred. All changes (other than notice of cessation of operations) should be made on a new OST Form 4507.

6) **Block 5.** Check whether the company is currently performing (or intends to perform when operations start) scheduled cargo service, on-demand passenger or cargo service, mail service under a U.S. Postal Service contract, seasonal service, air ambulance operations, or any other services. Do not check "scheduled passenger." This block is no longer applicable for commuter air carriers.

7) **Block 6.** List all aircraft types which the company operates or proposes to operate in air taxi service, including the FAA registration number (the "N" number) and the number of passenger seats installed in each aircraft. Do not include seats occupied by the pilot and copilot, unless the latter is also available for passenger use. The FAA registration number of each aircraft must correspond exactly to the number listed on the certificate of insurance covering your operations. Unless there is a blanket policy certificate of insurance coverage for all aircraft owned and or operated by your company, you must report to the FAA within 30 days any additions or deletions of aircraft made after your initial registration. We cannot accept notices from the insurance company deleting aircraft from the insurance policy as evidence that you have deleted such aircraft.

8) **Block 7.** Check whether the company is a U.S. citizen. The Federal Aviation Act requires that an air carrier registered under Part 298 must be a citizen of the United States. The Federal Aviation Act defines a citizen as (a) an individual who is a U.S. citizen; (b) a partnership of which each member is a U.S. citizen; or (c) a corporation of which the President and two-thirds or more of the Officers and Directors are U.S. citizens and at least 75 percent of the voting stock is owned or controlled by U.S. citizens.

9) **Block 8.** Complete this item only if this company has previously registered with the FAA. Check whether the company has carried any passengers during the last 12 months in foreign air transportation, i.e., from the U.S. to another country.

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10) **Block 9.** Blocks 9a and 9b should be used only when reporting changes to the information already on file. If you are reporting a change in the company's name, the former name and new name should be indicated here, and the new name should also be listed in Block 1.

11) **Block 10.** This form must be signed by a responsible officer of the air carrier, such as the President, Vice President, Secretary, Treasurer, partner, or owner. Please indicate the date and place of signing, as well as the name and title of the person signing the certification. Be sure to type or print the name and title below the signature.

Figure 1a, Sample Form 4507.

Approved by OMB
OMB No. 2120-0633
Expires: 4/30/12

<p>PAPER WORK REDUCTION ACT OF 1995</p> <p>This information is collected to determine whether air taxi operations meet the Department's criteria for an operating authorization under 14 CFR Part 298. We estimate that it will take approximately 30 minutes to complete. The use of this form is mandatory. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The OMB Control Number for this collection is 2120-0633. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC, 20591, Attn: Information Collection Clearance Officer, AIO-20</p>	
 <p>AIR TAXI OPERATOR REGISTRATION AND AMENDMENTS UNDER PART 298 OF THE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION</p> <p>Where to file: Submit this form, in duplicate, along with a Certificate of Insurance (OST Form 6410) evidencing required liability insurance coverage for the aircraft listed in Block 6 of this registration, to the Federal Aviation Administration (FAA), Air Transportation Division, AFS-200, Room 831, 800 Independence Avenue, S.W., Washington, D.C. 20591. Exception: For air taxis located in the <u>State of Alaska</u>, submit this form and the OST Form 6410 to the Federal Aviation Administration (FAA), Alaskan Region Headquarters, AAL-230, 222 West 7th Avenue, Box 14, Anchorage, Alaska 99513.</p> <p>Fees: The fee for the <u>initial</u> registration of an air taxi is \$8. There is no filing fee for amendments to registrations previously filed.</p>	<p>FOR USE BY DOT ONLY</p>
<p>1a. Name (and DBA, if applicable) and Mailing Address of the Registering Carrier:</p> <p>1b. Telephone No. _____ Fax No. _____</p> <p>2a. Address of principal place of business (if different from above):</p> <p>2b. Telephone No. _____ Fax No. _____</p>	<p>Effective date of registration/amendments</p> <hr/> <p>3a. Federal Aviation Administration certificate number:</p> <hr/> <p>3b. Address of local FAA office:</p> <hr/> <p>3c. FAA Telephone No.:</p> <hr/> <p>3d. FAA Principal Operations Inspector:</p> <hr/>
<p>4. This filing is the carrier's:</p> <p style="text-align: center;"> <input type="checkbox"/> Initial Registration <input type="checkbox"/> Amendment to reflect changes since previous filing (Complete item 9) </p> <p>If initial registration, give proposed date of commencement of operations: _____</p>	
<p>5. Check type or types of service the carrier intends to perform upon commencement of operations, or, for amendments, service the carrier is currently performing:</p> <p> <input type="checkbox"/> Scheduled passenger* <input type="checkbox"/> On-demand passenger <input type="checkbox"/> Air ambulance <input type="checkbox"/> Scheduled cargo <input type="checkbox"/> On-demand cargo <input type="checkbox"/> Seasonal <input type="checkbox"/> Mail under a U.S. Postal Service contract <input type="checkbox"/> Other (Please specify)** _____ </p> <p>* Check only if service is limited to less than five (5) round trips per week on at least one route between two or more points and is operated pursuant to published flight schedules which specify the times, days of the week, and places between which such flights are performed. Companies proposing or operating scheduled passenger services of five (5) or more round trips per week on at least one route between two or more points pursuant to published flight schedules which specify the times, days of the week, and places between which such flights are performed may not conduct such operations under this registration. Instead, such companies must be found "fit, willing, and able" to provide such services as a commuter air carrier. See 14 CFR 298, Subpart E.</p> <p>** For example, if the carrier performs other services such as fire fighting operations for the U.S. Forest Service, it should be indicated here.</p>	

OST Form 4507 (Rev. 2-08)

Figure 1b, Sample Form 4507.

<p>6. Aircraft which the carrier proposes to operate in air taxi service or, for amendments, aircraft currently operated:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center; border-bottom: 1px solid black;"><i>Aircraft Make and Model</i></th> <th style="width: 33%; text-align: center; border-bottom: 1px solid black;"><i>FAA Registration Number</i></th> <th style="width: 33%; text-align: center; border-bottom: 1px solid black;"><i>Passenger Seats Installed*</i></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center; font-size: small;">(Add additional sheets if necessary)</p> <p style="font-size: x-small;">* This does not include seats occupied by the pilot or co-pilot unless the latter is available for passenger use.</p>	<i>Aircraft Make and Model</i>	<i>FAA Registration Number</i>	<i>Passenger Seats Installed*</i>	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	<p>7. Is the registering carrier a U.S. citizen?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p style="font-size: x-small;"> <i>Note:</i> An air taxi or commuter registered under Part 298 must be a citizen of the United States. 49 USC 40102(a)(15) defines a U.S. citizen as (a) an individual who is a U.S. citizen; (b) a partnership of which each member is a U.S. citizen; or (c) a corporation or association organized under the laws of the United States or a state, the District of Columbia, or a territory or possession of the United States, of which the president and at least two-thirds of the board of directors and other managing officers are citizens of the United States, which is under the actual control of citizens of the United States, and in which at least 75 percent of the voting interest is owned or controlled by persons that are citizens of the United States. </p> <p>8. If this is an amendment, has the carrier carried passengers in foreign air transportation, that is, between any point in the United States and any point outside thereof, during the past 12 months:</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
<i>Aircraft Make and Model</i>	<i>FAA Registration Number</i>	<i>Passenger Seats Installed*</i>																	
1. _____	_____	_____																	
2. _____	_____	_____																	
3. _____	_____	_____																	
4. _____	_____	_____																	
5. _____	_____	_____																	
<p>9. REPORT CHANGES OR AMENDMENTS TO INFORMATION PREVIOUSLY FILED WITHIN 30 DAYS OF THE EFFECTIVE DATE:</p> <p>a. Change in Carrier's Name and/or Address (Please specify):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;"><i>Former Name and Address:</i></td> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;"><i>Current Name and Address:</i></td> </tr> </table> <p>b. Description of Any Other Changes or Amendments (Including additions or deletions of aircraft, change in type of operations, registration numbers, etc.):</p>		<i>Former Name and Address:</i>	<i>Current Name and Address:</i>																
<i>Former Name and Address:</i>	<i>Current Name and Address:</i>																		
<p>10. Certification</p> <p>I certify that the information contained in this application is complete and accurate to the best of my knowledge. The carrier subscribes to the IATA Inter-carrier Agreement; the IATA Agreement on Measures to Implement the IATA Inter-carrier Agreement, and the ATA Agreement on Provisions Implementing the IATA Inter-carrier Agreement to be Included in Conditions of Carriage and Tariffs (see OST Form 4523-A), and in accordance with those Agreements agrees under Article 22(1) of the Warsaw Convention or the Warsaw Convention as amended by the Hague Protocol that the liability limits for passenger injury or death in international transportation as defined in the Convention are waived in their entirety.</p> <p style="text-align: right;">Signature: _____ (See note)</p> <p>Date: _____ Name: _____ (Please type)</p> <p>Place: _____ Title: _____ (City and State)</p> <p style="font-size: x-small;"><i>Note: This registration must be signed by a responsible officer, such as the President, Vice President, Secretary or Treasurer, or partner or owner of the carrier.</i></p> <p style="text-align: center;">TO ENSURE PROPER PROCESSING OF THIS REGISTRATION, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.</p>																			

D. Instructions for Completing OST Form 6410, Certificate of Insurance (Completed and signed by the Insurance Company). Complete all appropriate areas of OST Form 6410 according to the following instructions. Please type all information required (except the signature) or print legibly.

- 1) Block 1a. Line 1. Indicate name and address of the insurance company.
- 2) Line 2-3. Indicate name and address of air carrier insured by the policy. If an insurance policy is issued to a person or company other than the air carrier, the certificate of insurance must indicate that the air carrier is also covered under that policy. Also, list the Air Carrier's FAA Certificate number (if already issued). Indicate the effective date of the policy. Note that the policy must remain in effect until ten (10) days after written notice from the insurer or carrier of the intent to terminate coverage is received by the Department.
- 3) Section 1. Indicate whether the insurance company is licensed to issue aircraft insurance policies in the United States or by a foreign government or is an approved surplus line insurer. Note that more than one block may be checked.
- 4) Section 2. Part A. Indicate whether the insured air carrier has separate coverage or combined coverage by marking the appropriate block placing the policy number in the specified place. Please note that the minimum limits of liability required by the Department are already listed on the certificate. Do not fill out Section 2. Part B and C.
- 5) Section 3. Indicate whether the policy covers (1) all aircraft operated by the insured air carrier, or (2) specify the general groups or types of aircraft covered by the policy (use additional pages if necessary). All aircraft listed on OST Form 6410 must be covered by a currently effective certificate of insurance.
- 6) Section 4. Indicate name, address, contact person, and telephone numbers with area code (office FAX number/email address) of insurer, and, if applicable, of the broker. This form must be signed by an officer or authorized representative of the insurance company and /or broker.

Figure 2a, Sample OST Form 6410.



Office of the Secretary of Transportation

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 30 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to: U.S. Department of Transportation, Office of Aviation Analysis, X-56, 400 7th St., SW., Washington, D.C. 20590. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTE: For information on where to file completed copies of this form, see FILING INSTRUCTIONS below.

OMB No. 2106-0030 Expires 2-28-2011

U.S. AIR CARRIERS - CERTIFICATE OF INSURANCE
POLICIES OF INSURANCE FOR AIRCRAFT ACCIDENT BODILY INJURY
AND PROPERTY DAMAGE LIABILITY

FILING INSTRUCTIONS: File a signed original of this form with the Federal Aviation Administration, AFS-260, 800 Independence Ave., S.W., Washington, D.C. 20591. (See EXCEPTIONS 1 and 2 below.)

EXCEPTION 1: If Block 2B on the reverse is filled in because the insured is a commuter air carrier, file a signed original of this form with the Department of Transportation, Air Carrier Fitness Division, X-56, 400 7th St., SW, Washington, DC 20590.

EXCEPTION 2: For any insured that is located in the State of Alaska (regardless as to whether Block 2A, 2B, or 2C is filled in), file a signed original of this form with the Federal Aviation Administration, Alaskan Region Hq., AAL-230, 222 W. 7th Ave., #14, Anchorage, Alaska 99513.

(Please type information, except signatures.)

THIS CERTIFIES THAT: _____
 (Name of Insurer)

has issued a policy or policies of Aircraft Liability Insurance to _____

_____ FAA Certificate Number _____
 (Name, address and FAA Certificate number of Insured U.S. Air Carrier)

effective from _____ until ten (10) days after written notice from the insurer or carrier of the intent to terminate coverage is received by the Department of Transportation.

NOTE: Part 205 of the Department's Regulations does not allow for a predetermined termination date, and a certificate showing such a date is unacceptable.

1. The Insurer (*Check One*):

- is licensed to issue aircraft insurance policies in the United States;
- is licensed or approved by the government of _____ to issue aircraft insurance policies; or
- is an approved surplus line insurer in the State(s) of _____

2. The insurer assumes, under the policy or policies listed below, aircraft accident liability insured to minimums at least equal to the following during operation, maintenance, or use of aircraft in "air transportation" as that term is defined in 49 U.S.C. 40102. (*Complete applicable section(s) A, B, or C below*):

A. U.S. AIR TAXI OPERATORS (EXCLUDING U.S. COMMUTER AIR CARRIERS) WITH PART 298 AUTHORITY ONLY:

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). (*Complete separate or combined coverage as appropriate*):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	Each Occurrence
_____	Bodily Injury Liability (Excluding Passengers)	\$75,000	\$300,000
_____	Passenger Bodily Injury	\$75,000	\$75,000 x 75% of total number of passenger seats installed in aircraft
_____	Property Damage		\$100,000

Combined Coverage: The amount of coverage set forth below is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.

Policy No. _____ Amount of Coverage _____

This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

OST Form 6410

Figure 2b, Sample OST Form 6410.

B. U.S. COMMUTER AIR CARRIERS OR CERTIFICATED AIR CARRIERS OPERATING SMALL AIRCRAFT
 The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). *(Complete separate or combined coverage as appropriate):*

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$300,000	\$2,000,000
_____	Passenger Bodily Injury	\$300,000	\$300,000 x 75% of total number of passenger seats installed in aircraft

Combined Coverage: The amount of coverage set forth below is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.
 Policy No. _____ Amount of Coverage _____

This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

C. U.S. CERTIFICATED AIR CARRIERS OPERATING LARGE AIRCRAFT
 The aircraft covered by this policy are LARGE AIRCRAFT (i.e., with more than 60 passenger seats or with a maximum payload capacity of more than 18,000 pounds). *(Complete separate or combined coverage as appropriate):*

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$300,000	\$20,000,000
_____	Passenger Bodily Injury	\$300,000	\$300,000 x 75% of total number of passenger seats installed in aircraft

Combined Coverage: The amount of coverage set forth below is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.
 Policy No. _____ Amount of Coverage _____

This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

3. The policy or policies listed in this certificate insure(s) *(Check One)*:

	Make and Model	FAA or Foreign Flag Registration No.
<input type="checkbox"/> Operations conducted with all aircraft operated by the insured		
<input type="checkbox"/> Operations conducted with the following types of aircraft:		
<input type="checkbox"/> Operations with the following aircraft: <i>(Use additional page if necessary)</i>		

4. Each policy listed in this certificate meets or exceeds the requirements in 14 CFR Part 205.

_____ (Name of Insurer)	_____ (Name of Broker, if applicable)
_____ (Address)	_____ (Address)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
_____ Contact (person who can verify the effectiveness of the coverage)	_____ (Officer or authorized representative)
_____ (Area Code, Phone Number) / _____ (Area Code, Fax Number)	_____ (Area Code, Phone Number) / _____ (Area Code, Fax Number)
_____ (Signature, if applicable)	_____ (Signature)
_____ (Date)	_____ (Date)

PART IV: APPLICABLE DEPARTMENT OF TRANSPORTATION REGULATIONS

A. **14 CFR Part 205:** [Link to Part 205](#) - Aircraft Accident Liability Insurance

B. **14 CFR Part 298:** [Link to Part 298](#) - Exemptions for Air Taxi and Commuter Air Carriers

PART V: FILING REQUIREMENTS TO CONDUCT INTRASTATE COMMON CARRIAGE OPERATIONS UNDER 14 CFR PART 119

A. **Background.** 14 CFR Part 119, "Certification: Air Carriers and Commercial Operators," was published in the Federal Register (60 FR 65832). Part 119 reorganized into one part certification and operations specifications requirements that formerly existed in Parts 121 and 135 that apply to companies engaged in intrastate common carriage operations, interstate, and foreign operations.

14 CFR Part 119, §§119.35 and 36 - General Requirements. For persons applying for authority to conduct intrastate common carriage operations under Part 121, (i.e., scheduled passenger operations with 10 or more aircraft seats, or scheduled passenger operations with 9 or fewer seats with a frequency of at least five round trips per week) should be subject to a fitness-type review. The requirement to conduct fitness reviews for intrastate carrier applicants will result in the issuance of an FAA "Letter of Authorization," which will be necessary prior to the original issuance of an FAA Operating Certificate. These requirements are necessary because financial information, management information, and information concerning who controls the certificate holder can reveal potential shortcomings in the applicant's ability to conduct a safe operation.

Under §119.36, applicants for the original issuance of an Operating Certificate for the purpose of conducting intrastate common carriage operations under both Parts 121 and 135 are required to file information showing management officials and personnel in a form and manner described by the Administrator. Each applicant must submit an application to the Flight Standards District Office in whose area the applicant proposes to establish or has established his or her principal base of operations. However, the application will then be forwarded to the Regional Office for review and then submitted to FAA Headquarters for certification processing. Each applicant must submit the application 90 days before the intended date of operation. A 90 day submission requirement reflects the actual time the agency needs to process the application. The 90 day period begins once the application is received by the FAA Headquarters, Air Transportation Division, AFS-200, 800 Independence Ave., SW, Washington, DC 20591.

Applicants operating under Part 119 are required to file information showing management officials, personnel and also detailed financial information. Part 119 applicants file directly with the FAA Headquarters, Technical Programs Branch, AFS-260 for fitness review. The fitness reviews for intrastate air carrier applicants will result in the issuance of an FAA LOA. FAA inspectors having certification responsibilities applicable to applicants for the original issue of an operating certificate for the purpose of conducting intrastate common carriage operations under Part 119 should inform those applicants that they must submit an application and a signed statement in the form and manner prescribed in §§119.35 and 119.36. Failure to submit an item or any requested documentation in a satisfactory manner could delay the certification process.