TEAR OFF BEFORE USING

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

SUPPLEMENTAL INFORMATION

CERTIFICATION OF WAIVER OR AUTHORIZATION APPLICATION - PRIVACY ACT

The information on the accompanying form is solicited under authority of Federal Aviation Regulations Parts 91, 101, and 105.

Submission of the information is mandatory.

The purpose of this information is to establish eligibility for certificate of waiver or authorization

The data will be used for recordkeeping and statistical purposes.

Incomplete submission may result in delay or denial of your request.

FAA Form 7711-2 (8/08) Supersedes Previous Edition

DETACH THIS PART BEFORE USING

			From Approved: O.M.B. No.2120-0027 08/31/2019 APPLICANTS - DO NOT USE THESE SPACES									
		Department of Transportation										
	Fed	deral Aviation Administration	Region	Date								
		APPLICATION FOR	Action									
			Approved Disapproved – "Explain under "Remarks"									
	02	OR AUTHORIZATION	Signature of authorized FAA representative									
INSTRUCTIONS												
Submit this a Standards dist		n triplicate (3) to any FAA Flight	fighting equipment. photographs and so	fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material								
tion for an avia	ation event	ertificate of Waiver or Authoriza- must complete all the applicable ach a properly marked 7.5 series		to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must be submitted 45 days prior to the requested date of the event. Applicants requesting a Certificate of Waiver or Authoriza- tion for activities other than an aviation event will complete items 1 through 10 only and the certification, item 17, on the reverse.								
Topographic Geological Sui ing area. The flightlines, sho	Quadrangle rvey (scale r map(s) mus wlines, race	e Map(s), published by the U.S. 1:24,000), of the proposed operat- st include scale depictions of the e courses, and the location of the ice dispatch, ambulance, and fire										
1. Name of organiz	•			2. Name of responsible person								
 Permanent mailing address 	House nur	nber and street or route number	City		State and ZIP code	Telephone No.						
addrood												
4. State whether the a	pplicant or any o	of its principal officers/owners has an application	n for waiver p	pending at any other office of the	e FAA.							
6. FAR section and		e waived ed operation <i>(Attach supplement if needed</i>)	0									
8. Area of operatio	n (Location, al	titudes.etc.)										
	, , un	-, ,										
9a. Beginning (Date and hour) b. Endin				ng (Date and hour)								
10. Aircrai make and r (a)	ft nodel	Pilot's Name (b)		Certificate number and rating (C)		ne address tt, City, State) (d)						

ITEMS 11 T	HROUGH 16 TO	BE FILLED OUT FOR AIR S	HOW/AIR RACE WAIVE	ER REQUESTS ONLY.			
11. The air event w	vill be sponsored by:						
12. Permanent		nd street or route number	City	State and ZIP code	Telephone No.		
address	House humber at		City				
auuress							
13. Policing (Descrit	be provisions to be ma	ade for policing the event.)	1	I	1		
14. Emergency faci	lities (Mark all that wi	ill be available at time and place of	f air event.)				
Physicia	n	□ Fire truck	□ Other	- Snecify			
-							
Ambulance		 Crash wagon 	_				
15. Air Traffic contro	I (Describe method of	f controlling traffic, including provisio	on for arrival and departure of :	scheduled aircraft.)			
16. Schedule of Eve	ents (include arrival ar	nd departure of scheduled aircraft a	and other periods the airport r	naybe open.)			
Hour	Data			5			
Hour (a)	Date (b)			Event (c)			
10 - 10 - 10							
It sufficient spa				s, in the order and manner indicated above.			
Please Read	of Waiver or A			servance of the terms of the Certificate intained in such certificate will be stric			
17. Certification -	I CERTIFY that th	ne foregoing statements are tru	ue.				
Date	Signature of A	Applicant					
Remarks							