OMB Control Number 2120-0704
Expiration Date 09/30/2028

U.S. Department
of Transportation
**Federal Aviation
Administration**

**INFORMATION FOR APPLICANT**

# ORGANIZATION DESIGNATION AUTHORIZATION STATEMENT OF QUALIFICATIONS

**Paperwork Reduction Act Statement:**
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0704. Public reporting for this collection of information is estimated to be approximately 5 hours per new application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandatory per 14 CFR Part 183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

**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 09/30/2028

| **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*) |
|---|---|
| | |