US Department of Transportation
Federal Aviation Administration

ORGANIZATION DESIGNATION AUTHORIZATION STATEMENT OF QUALIFICATIONS

OMB Control Number 2120-0704
Expiration Date 08/31/2018

Paperwork Reduction Act Statement:
This collection of information is to obtain information concerning the applicant's qualifications. The FAA uses the information provided to determine the suitability of the applicant to act as a representative of the administrator for the purpose of issuing FAA design and airworthiness approvals. 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 form is 2120-0704. Public reporting for this collection of information is estimated to be approximately 5 hours per response, 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 the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

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**	☐ **AKT**	☐ **AO**	☐ **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*)