

Section 1E. To Be Completed By All Applicants

10. Additional information that provides a better understanding of the proposed operation or business *(attach additional sheets, if necessary)*

11. The statements and information contained on this form denote an intent to apply for FAA certification.

| | | |
|-----------|------|----------------|
| Signature | Date | Name and Title |
|-----------|------|----------------|

Section 2. To Be Completed By FAA District Office

| | |
|--------------------------------|-------------------------------|
| Received by (district office): | Precertification Number |
| Date: | Date Coordinated with AFS-620 |

Remarks