




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

FAA Form 5280-1, Application for Airport Operating Certificate

Paperwork Reduction Act Burden Statement

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APPLICATION FOR AIRPORT OPERATING CERTIFICATE				FAA USE ONLY	
 U.S. Department of Transportation Federal Aviation Administration				Site Number	
Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual (ACM) to the headquarters of the appropriate FAA Regional Office.					
Type of Submission (Check One): <input type="checkbox"/> Original <input type="checkbox"/> Amendment <input type="checkbox"/> Exemption					
A. Location of Airport					
1. Name of Airport:			2. Address (Number, Street, P.O. Box):		
3. City:			4. County:		5. State:
6. Zip Code:			7. State Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
7a. Latitude: ° ' "		7b. Longitude: ° ' "		8. Airport is:	
				a. State Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No	
				b. State Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Ownership					
1. <input type="checkbox"/> Municipality <input type="checkbox"/> State <input type="checkbox"/> Military <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Port Authority <input type="checkbox"/> Airport Authority				2. Airport is: <input type="checkbox"/> Civil <input type="checkbox"/> Mil/Civ Joint Use <input type="checkbox"/> Shared Use	
3. Name of Owner:			4. Name of Manager/Operator:		
Number/Street/P.O. Box:			Number/Street/P.O. Box:		
City:			City:		
County:		State:	County:		State:
		Zip:			Zip:
C. Operative Data					
1. Certificate Applied for: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV			2. Fire Fighting Equipment (Check Current Index and ensure equipment is listed in ACM): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
3. Air Carriers to be Served (UA, DL, CO, AA, etc.):			4. Largest Air Carrier Aircraft to be Served (737, DC-9, etc.):		
5. ARFF Exemption Applied for: <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Other Exemptions Applied for:		
D. Remarks. <input type="checkbox"/> Check here and use additional sheets of paper.					
E. Certification					
This application, including the Airport Certification Manual, is submitted in order to obtain an Airport Operating Certificate or Time-Limited Airport Operating Certificate. I certify, under penalty of 18 U.S. Code, Section 1001, and other applicable provisions of law that the statements and information in the application form and manual are complete and true to the best of my knowledge.					
Applicant Signature			Applicant Address/Number/Street/P.O. Box:		
Applicant Name (typed):			City:		
Applicant Title:		Date Submitted:	State:		Zip:
			Telephone No.:		
FAA Use Only					
1. Date Application Received:			2. Date Proposed for Inspection:		
3. Date Inspection Completed:			Signature		Title :
4. Recommended for: <input type="checkbox"/> Certificate <input type="checkbox"/> Disapproval		Date:	Signature		Title :
5. Remarks					