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 08/31/2008 APPLICANTS - DO NOT USE THESE SPACES								
		Department of Transportation									
	Fede	eral Aviation Administration	Region	Date							
	А	PPLICATION FOR	Action □ Approved □ Disapproved – "Explain under "Remarks"								
CERTIFICATE OF WAIVER				Signature of authorized FAA representative							
	(OR AUTHORIZATION									
INSTRUCTIONS											
Submit this application in triplicate (3) to any FAA Flight Standards district office. Applicants requesting a Certificate of Waiver or Authoriza-				fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must							
tion for an aviation event must complete all the applicable items on this form and attach a properly marked 7.5 series Topographic Quadrangle Map(s), published by the U.S. Geological Survey (scale 1:24,000), of the proposed operat- ing area. The map(s) must include scale depictions of the flightlines, showlines, race courses, and the location of the air event control point, Police dispatch, ambulance, and fire				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.							
1. Name of organization				2. Name of responsible person							
3. Permanent mailing address	House numb	er and street or route number	City		State and ZIP code	Telephone No.					
		ts principal officers/owners has an application fo									
 principal officers/o 6. FAR section and 7. Detailed descript 8. Area of operatio 	I number to be v	operation (Attach supplement if needed)									
9a. Beginning (Dat	9a. Beginning (Date and hour) b. Er			ding (Date and hour)							
10. Aircrai make and r (a)	ft model	Pilot's Name (b)		Certificate number and rating (c)		ne address t, City, State) (d)					

ITEMS 11 T	HROUGH 16 TO	BE FILLED OUT FOR AIR S	HOW/AIR RACE WAIV	ER REQUESTS ONLY.					
11. The air event w	ill be sponsored by:								
12. Permanent	House number ar	nd street or route number	City	State and ZIP code	Telephone No.				
mailing address									
13. Policina (Descrit	pe provisions to be ma	ade for policing the event.)							
To: T ononing (2000)									
14. Emergency facilities (Mark all that will be available at time and place of air event.)									
□ Physician □ Fire truck □ Other - Specify									
		 Crash wagon 							
			-						
15. Air Traffic contro	I (Describe method of	controlling traffic, including provisio	n for arrival and departure of	scheduled aircraft.)					
16 Schedule of Eve	nts (include arrival ar	nd departure of scheduled aircraft a	and other periods the airport	maybe open)					
Hour (a)	Date (b)			Event (c)					
If sufficient spa	ace is not available, th	e entire schedule of events may be	submitted on separate sheet	s, in the order and manner indicated above					
				servance of the terms of the Certifica					
Please Read		uthorization, and understands bove described operation.	that the authorization co	ontained in such certificate will be str	ictly				
		-							
		e foregoing statements are tru	Je.						
Date	Signature of A	Applicant							
Remarks									