



U.S. Department of Transportation
Federal Aviation Administration

Designee Geographic Expansion Authorization

1. Control #

2. Office Name:

3. ATTN:

4. Date:

5. Address:

City:

State:

Zip Code:

6a. Telephone Number: ()

6b. Fax Number: ()

7. I hereby request authorization to perform the (*Designee type*) 7a. _____ functions identified below outside the geographical boundaries of (*FAA Office*) 7b. _____.
The function(s) pertain to: _____

8. Project Number(s):

9. Project Date:

10. FAA Form 8120-10#:

11. Authorized Function(s) will consist of:

12. FAA geographic oversight office of activity:

13. The activity is scheduled to begin on:

14. The estimated time required to complete the function(s): _____ Calendar Days.

15. Location(s) where the function(s) will be performed:

16. Name of Applicant: (*Last, First, Middle*)

17. Address: (*either PO Box or Street*)

18. City:

19. State:

20. Zip Code:

21a. Telephone Number: ()

21b. Fax Number: ()

22. Remarks: (*If needed, continue remarks on plain paper and attach it to this form.*)

23. Signature:

24. Designee Number:

25. Requested Date:

26. The above identified designee is authorized to perform the requested functions outside the geographical area of the (*FAA Office*) _____.

All FAA documentation required as a result of the specific task(s) must be submitted to this office within seven (7) days of accomplishment.

The above identified designee shall contact the cognizant FAA office within the area in which the authorized function(s) will be performed, to advise them of her/his presence and activities.

NOTE: For any Designee Expansion Authorizations for activities to be undertaken in other countries, the cognizant Civil Aviation Authority must be notified in advance. A return notification authorizing permissibility for the designee's work activities, from the cognizant Civil Aviation Authority, is required prior to entry into the country.

27. SPECIAL INSTRUCTIONS/REMARKS: (*If needed, continue special instructions on plain paper and attach it to this form.*)

28. Authorized By: (*Print Name*)

29. Date:

30. Signature:

31. Office Name:

INSTRUCTIONS FOR COMPLETING THE DESIGNEE GEOGRAPHIC EXPANSION AUTHORIZATION FORM

General:

- A. Type (or legibly print) all information except the signatures.
- B. Item 1 and items 26 through 31 are to be completed by the designee's Certificate Management Office.
- C. Items 2 through 25 are to be completed by the designee.

Item Number:

- (1) Enter the number assigned by the Certificate Management Office.
- (2) Enter the name of the designee's Certification Management Office.
- (3) Enter the name of the Advisor assigned to the designee.
- (4) Enter the date this form was initiated.
- (5) Enter the complete mailing address of the designee's Certification Management Office.
- (6a) Enter the telephone number of the Certification Management Office or assigned Advisor.
- (6b) Enter the FAX telephone number of the Certification Management Office.
- (7a) Enter the abbreviation for the type of designation currently held (*e.g. DMIR, DAR, ODAR, DOA, DAS*).
- (7b) Enter the name of the designee's Certificate Management Office.
- (8) (*When applicable*) Enter the project number(s) assigned by the FAA.
- (9) (*When applicable*) Enter the date the FAA ACO/MIDO/FSDO office released the project for additional action.
- (10) (*When applicable*) Enter the number assigned by the requesting office, as shown on the applicable *FAA Forms, e.g., 8110-1, 8120-10, etc.*
- (11) List the functions that will be completed at the expanded location.
- (12) Enter the name of the FAA office that has oversight responsibility at the expanded location.
- (13) Enter the estimated date the project will start.
- (14) Enter the estimated number of calendar days required to complete the project.
- (15) Enter the location(s) where the inspections/functions will be conducted.
- (16) Enter the full name of the applicant.
- (17) Enter the mailing address of the applicant (*either PO Box number or street address*).
- (18) Enter the mailing address city.
- (19) Enter the two-letter abbreviation for the mailing address state.
- (20) Enter the mailing address zip code.
- (21a) Enter the phone number of the applicant.
- (21b) Enter the FAX number of the applicant.
- (22) Enter any additional information and/or remarks by the designee.
- (23) Signature of designee that filled out the form.
- (24) Enter the designee's FAA assigned number.
- (25) Enter the date of the request.
- (26) Enter the name of the designee's Certification Management Office.
- (27) Enter all special instructions given to the designee.
- (28) Enter the name of the FAA employee granting this request.
- (29) Enter the date of the granted request.
- (30) Enter the signature of the FAA employee granting this request.
- (31) Enter the name of the FAA office granting this request.