



**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
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**Section 2. To Be Completed By FAA District Office**

Received by (district office):	Date forwarded to Region:
Date:	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only

Remarks

**Section 3. To Be Completed By Regional Office**

Received by:	Precertification Number:
Date:	Date coordinated with AVN-120:
District office assigned responsibility:	Date forwarded to district office:

Remarks