



PREAPPLICATION STATEMENT OF INTENT

US Department of Transportation
Federal Aviation Administration

Paperwork Reduction Act Statement: Title 49 U.S.C., Section 44702 empowers the Secretary of Transportation to issue air carrier operating certificates and to establish minimum safety standards for the operation of the air carrier to whom such certificates are issued. The completed Preapplication Statement of Intent (PASI) denotes an intent by the applicant to continue the certification process. The local FAA Flight Standards District Office (FSDO) uses the PASI to evaluate the complexity of the proposed operation. The FAA will use the information it collects and reviews to ensure compliance and adherence to regulations and, if necessary, take enforcement action on violators of the regulations. The FAA estimates the average burden for this certificate application process, to include processing of this form, is 96 hours. Respondents have been given no assurance of confidentiality. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0593. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

Section 1A. To Be Completed By All Applicants

1. Name and mailing address of company 	2. Address of principal base where operations will be conducted <i>(do not use post office box)</i>
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3. Proposed Start-up date 	4. Requested three-letter company identifier in order of preference <div style="display: flex; justify-content: space-between;"> 1. 2. 3. </div>
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5. Management Personnel		
Name (Last, first, middle)	Title	Telephone (including area code)

Section 1B. To Be Completed By Air Operators

6. Proposed type of operation (check as many as applicable)			
<input type="checkbox"/> Air Carrier Certificate	<input type="checkbox"/> Part 121	<input type="checkbox"/> Passengers and Cargo	<input type="checkbox"/> Single Pilot Operator
<input type="checkbox"/> Operating Certificate	<input type="checkbox"/> Part 125	<input type="checkbox"/> Cargo Only	<input type="checkbox"/> Single Pilot-in-Command Operator
	<input type="checkbox"/> Part 135	<input type="checkbox"/> Scheduled Operations	<input type="checkbox"/> Basic Part 135 Operator
		<input type="checkbox"/> Nonscheduled Operations	

Section 1C. To Be Completed By Air Agencies

7. Proposed type of agency and rating(s)	
<input type="checkbox"/> Part 145 Repair Station <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Satellite <input type="checkbox"/> Airframe <input type="checkbox"/> Instrument <input type="checkbox"/> Powerplant <input type="checkbox"/> Accessory <input type="checkbox"/> Propeller <input type="checkbox"/> Specialized Service <input type="checkbox"/> Radio	<input type="checkbox"/> Part 147 Maintenance Technical School <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Both <input type="checkbox"/> Part 149 Parachute Loft

Section 1D. To Be Completed By Air Operators

8. Aircraft Data Numbers and types of aircraft (by make, model, and series) <div style="text-align: right; margin-right: 20px;"> Number of passenger seats or cargo payload capacity </div>	9. Geographic area of Intended operations
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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