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.

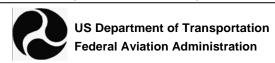
The purpose of this information is to establish eligibility for certificate of waiver or authorization

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



APPLICATION FOR CERTIFICATE OF WAIVER OR AUTHORIZATION

From Approved: O.M.B. No.2120-0027 08/31/2008				
APPLICANTS - DO NOT USE THESE SPACES				
Region	Date			
Action	-			
□ Approved □ Disapproved − "Explain under "Remarks"				
Signature of authorized FAA repres	entative			

INSTRUCTIONS

2. Name of responsible person

Submit this application in triplicate (3) to any FAA Flight Standards district office.

Applicants requesting a Certificate of Waiver or Authorization 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 operating 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

1. Name of organization

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 be submitted 45 days prior to the requested date of the event.

Applicants requesting a Certificate of Waiver or Authorization for activities other than an aviation event will complete items 1 through 10 only and the certification, item 17, on the reverse.

3. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.							
4. State whether the applicant or any of its principal officers/owners has an application for waiver pending at any other office of the FAA.											
5. State whether the applicant or any of its principal officers owners has ever had its application for waiver denied, or whether the FAA has ever withdrawn a waiver from the applicant or any of its principal officers/owners.											
6. FAR section and number to be waived .											
7. Detailed description of proposed operation (Attach supplement if needed)											
8. Area of operation (Location, altitudes, etc.)											
9a. Beginning (Date	and hour)	b. Ending (Date and ho	b. Ending (Date and hour)								
10. Aircraft make and m	odel Pilot's Name (b)	Certificate nu and ratin (c)		lome address reet, City, State) (d)							
EAA E 7744 . 0											

► ITEMS 11 THROUGH 16 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.												
11. The air event will be sponsored by:												
	_											
12. Permanent mailing	House number ar	nd street or route number	City	State and ZIP code	Telephone No.							
mailing address												
13 Policing (Descrit	ho provisions to be m	ade for policing the event.)										
13. Policing (Descrit	de provisions to de ma	ade for policing the event.)										
14. Emergency facil	lities (Mark all that wi	ill be available at time and place of air e	event.)									
□ Physicia	ın	□ Fire truck	 Other - Specify 									
□ Ambular	nce	□ Crash wagon										
15. Air Traffic control	I (Describe method of	f controlling traffic, including provision for	arrival and departure of scheduled air	rcraft.)								
16 Schedule of Eve	ente (include arrival a	nd departure of scheduled aircraft and ot	ther periods the airport maybe open	1								
10. Schedule of Eve	ilis (iliciade allival al	To departure of scrieduled aircraft and of	mer periods the airport maybe open.,	1								
Hour	Date		Event									
(a)	(b)		(c)									
	1											
	1											
If sufficient spa	ace is not available, th	ne entire schedule of events may be subm	nitted on separate sheets, in the order	and manner indicated above.								
	The undersign	ned applicant accepts full responsib	nility for the strict observance of	the terms of the Certificate								
Please Read		authorization, and understands that										
	limited to the a	above described operation.		,								
17 Cortification	I CEDTIEV that th	ne foregoing statements are true.										
ļ												
Date	Signature of	Applicant										
_												
Remarks												