

PRE-APPLICATION STATEMENT OF INTENT

<i>Section 1A. To Be Completed By All Applicants</i>		
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>	
3. Proposed Start-up date	4. Requested three-letter company identifier in order of preference 1. 2. 3.	
5. Management Personnel		
Name (first, middle, Last)	Title	Telephone (including area code)
<i>Section 1B. To Be Completed By Air Operators</i>		
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"/> Operating Certificate <input type="checkbox"/> Part 125 <input type="checkbox"/> Cargo Only <input type="checkbox"/> Part 135 <input type="checkbox"/> Scheduled Operations <input type="checkbox"/> Nonscheduled Operations <input type="checkbox"/> Unscheduled Special Operations		
<i>Section 1C. To Be Completed By Air Agencies</i>		
7. Proposed type of agency and rating(s) <input type="checkbox"/> Part 145 Repair Station <input type="checkbox"/> Part 147 Maintenance Technical School <input type="checkbox"/> Domestic <input type="checkbox"/> Airframe <input type="checkbox"/> Foreign <input type="checkbox"/> Power plant <input type="checkbox"/> Airframe <input type="checkbox"/> Instrument <input type="checkbox"/> Both (Airframe and Power plant) <input type="checkbox"/> Power plant <input type="checkbox"/> Accessory <input type="checkbox"/> Avionics <input type="checkbox"/> Propeller <input type="checkbox"/> Specialized Service <input type="checkbox"/> Radio <input type="checkbox"/> Part 149 Parachute Loft		
<i>Section 1D. To Be Completed By Air Operators</i>		
8. Aircraft Data	9. Geographic area of intended operations	
Numbers and types of aircraft (by make, model, and series)	Number of passenger seats or cargo payload capacity	

Section 1A. 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 intent to apply for GACA certification.

Name and Title	Date	Signature
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Section 2. To Be Completed By GACA
Received by :
Date:
Remarks
Section 3. To Be Completed By GACA

Pre-certification Number:	Received by:
Date coordinated with Airworthiness:	Date:

Airworthiness representative assigned responsibility:
Remarks