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.

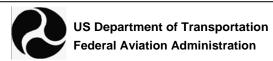
The purpose of this information is to establish eligibility for certificate of waiver or authorization

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 08/31/2019				
	APPLICANTS - DO NOT USE THESE SPACES				
	Region	Date			
	Action				
	□ Approved □ Disapproved − "Explain under "Remarks"				
Signature of authorized FAA representative					

INSTRUCTIONS

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

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

air event contro	ol point, Police	dispatch, ambulance, and fire	reverse	Э.						
1. Name of organiz	zation		2. Name	2. Name of responsible person						
3. Permanent mailing address	House numbe	r 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.										
State whether the principal officers/o		s principal officers owners has ever had	its application for waiver den	ied, or whether the FA	A has ever withdrawn a waiver from	the applicant or any of its				
6. FAR section and	d number to be wa	ived								
		peration (Attach supplement if need	ded)							
8. Area of operation (Location, altitudes, etc.)										
9a. Beginning (Date and hour) b. E				Inding (Date and hour)						
10. Aircrai make and i (a)	ft model	Pilot's Name (b)	Certificate and ra	e number ating c)	Home ac (Street, Cit (d)	ty, State)				
EAA E 3344						D 1				

▶ 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 a	nd street or route number	City	State and ZIP code	Telephone No.						
mailing address											
13. Policing (Describ	pe provisions to be m	ade for policing the event.)									
14 Emergency facil	lities (Mark all that w	ill be available at time and place of a	air avant l								
14. Littletgeticy facil	illes (iviaik ali tilat w	iii be avaliable at tittle allu place of a	iii eveni.)								
□ Physicia	n	□ Fire truck	□ Other - Spec	ify							
□ Ambular	ice	 Crash wagon 									
15. Air Traffic contro	l (Describe method o	f controlling traffic, including provision	for arrival and departure of schedule	ed aircraft.)							
16. Schedule of Eve	nts (include arrival a	nd departure of scheduled aircraft an	d other periods the airport maybe o	pen.)							
Herra	Dete		F	.1							
Hour (a)	Date (b)		Ever (c)								
If sufficient spa	ace is not available, th	ne entire schedule of events may be so	ubmitted on separate sheets, in the c	order and manner indicated above.							
		ned applicant accepts full respor									
Please Read		authorization, and understands t									
		above described operation.			- ,						
47. 0 - 45 - 4 - 4	LOEDTIEV # + #										
17. Certification -		ne foregoing statements are true).								
Date	Signature of	Applicant									
Remarks											