				Form Approved: O.M.B. No. 2120-0027							
US Department of Transportation				APPLICANTS - DO NOT USE THESE SPACES							
Federal Aviation Administration				Region	Date						
APPLICATION FOR				Action							
CERTIFICATE OF WAIVER				Approved Disapproved - <i>Explain under "Remarks"</i>							
		UTHORIZATION	Signature of authorized FAA representative								
INSTRUCTIONS											
Submit this a Standards dis	applicatio trict office	n in triplicate (3) to any FAA Fli	fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material								
Applicants requesting a Certificate of Waiver or Authoriza- tion 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 operat- ing 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				to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must be submit- ted 45 days prior to the requested date of the event. Applicants requesting a Certificate of Waiver or Authoriza- tion for activities other than an aviation event will complete items 1 through 8 only and the certification, item 15, on the reverse.							
1. Name of organiza	ation		2. Name of responsible person								
3. Permanent	House nu	mber and street or route number	City		State and ZIP code	Telephone No.					
mailing address	. loube lia										
4 EAP section and	number to h	a waived									
4. FAR section and number to be waived											
6. Area of operation (Location, altitudes, etc.)											
7a. Beginning (Date	and hour)			b. Ending (Date and hour)							
8. Aircraft make and model (a)		Pilot's Name (b)		Certificate number and rating (c)	Home address (Street, City, State) (d)						

FAA Form 7711-2 (6-86) Supersedes Previous Edition

ITEMS 9 TH	IROUGH 14 TO B	BE FILLED OUT FOR AIR SH	10W/AIR RACE WAIVER R	REQUESTS ONLY.							
9. The air event will be sponsored by:											
10. Permanent	House number ar	nd street or route number	City	State and ZIP code	Telephone No.						
mailing address											
11. Policing (Describe provisions to be made for policing the event.)											
12. Emergency facilities (Mark all that will be available at time and place of air event.)											
12. Entregency racinities (iviark all triat will be available at time and place of all event.)											
Physicia	an	Fire truck Other - Specify									
□ Ambulance		Crash wagon									
13. Air Traffic cont	rol (Describe method	d of controlling traffic, including p	rovision for arrival and departure	e of scheduled aircraft.)							
14. Schedule of Ev	vents (include arrival	l and departure of scheduled airc	raft and other periods the airpor	t may be open.)							
Hour	Date		E	Event							
(a)	(b)			(c)							
If sufficient sp	bace is not available,	, the entire schedule of events ma	ay be submitted on separate she	eets, in the order and manner indicat	ed above.						
	The undersign	ned applicant accepts full resp	onsibility for the strict observ	ance of the terms of the Certification	te						
Please Read	of Waiver or A limited to the a	Authorization, and understands above described operation.	s that the authorization contain	ned in such certificate will be strie	ctly						
15. Certification - I CERTIFY that the foregoing statements are true.											
Date	Signature of A	Applicant									
Remarks	I										