

PRE-APPLICATION STATEMENT OF INTENT

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 (do not use post office box)	
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)

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"/> 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

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"/> 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	

SECTION 1D. TO BE COMPLETED BY AIR OPERATORS

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	

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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 intent to apply for GACA certification.

Name and Title	Date	Signature

SECTION 2. TO BE COMPLETED BY GACA

Received by	
Date	
Remarks	

SECTION 3. TO BE COMPLETED BY GACA

Pre-Certification No.		Received by	
Date coordinated with Airworthiness		Date	
Airworthiness representative assigned responsibility			
Remarks			