



# Advisory Circular

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**Subject:** Application for U.S. Airworthiness Certificate, FAA Form 8130-6

**Date:** 9/7/2012

**AC No:** 21-12C

**Initiated by:** AIR-200

**1. Purpose.** This advisory circular (AC) provides guidance and information needed to prepare and submit Federal Aviation Administration (FAA) Form 8130-6, Application for U.S. Airworthiness Certificate. This application is required to obtain an airworthiness certificate or to amend a current certificate. In some cases, an application may be required for the issuance of a replacement airworthiness certificate. This AC is not mandatory and does not constitute a regulation. It describes an acceptable means, but not the only means, to comply with requirements. However, if you use the means described in the AC, you must follow it in all respects.

**2. Audience.** This AC applies to any person applying for an FAA airworthiness certificate.

**3. Effective Date.** This AC is effective September 7, 2012.

**4. Explanation of Changes.** This revision—

**a.** Updates the instructions on how to complete the current FAA Form 8130-6.

**b.** Makes this AC a reference on how to properly complete FAA Form 8130-6. Form examples are found in appendix D to this AC. These examples were previously located in FAA Order 8130.2, Airworthiness Certification of Aircraft and Related Products.

**5. Cancellation.** This AC cancels AC 21-12B, dated November 6, 2001.

**6. Where You Can Obtain FAA Form 8130-6.** You can obtain FAA Form 8130-6 by downloading it from the FAA website at <http://www.faa.gov>, or by contacting your local FAA office. You should use the latest form version. The FAA will not accept superseded form versions.

**7. How to Enter Information on FAA Form 8130-6.**

**a.** The FAA recommends using a fillable FAA Form 8130-6, which is available online at <http://www.faa.gov>. However, you may print a blank form and type or legibly print all of the required information. When handwriting in the form, you should use permanent blue or black ink. Using erasable materials such as lead/carbon pencils or erasable pens may not be acceptable.

- b. All entries must be made in the English language.
- c. You should not make entries in areas coded for FAA use only.

**8. What Sections Should Be Completed on FAA Form 8130-6.** FAA Form 8130-6 contains eight sections. Sections V and VIII are reserved for FAA or designee use only. The other sections are completed and submitted to the FAA by the registered owner or authorized agent of the registered owner. An authorized agent is someone designated by the registered owner to act on their behalf. For someone to act as an authorized agent, the FAA would accept a notarized letter of authorization signed by the registered owner. This letter should be included with the application form.

- a. For standard airworthiness certificates, you should complete sections I, II, and III.

(1) You should complete section IV for applications of used aircraft and surplus U.S. military aircraft (refer to Title 14, Code of Federal Regulations (14 CFR) § 21.183(d), Used aircraft and surplus aircraft of the U.S. Armed Forces), or

(2) You should complete section IV if you have manufactured one new aircraft based on a type certificate (TC) and you meet the following two conditions:

(a) You are not the TC holder or you have a licensing agreement from the TC holder, and

(b) Evidence can be shown that the manufacture of the aircraft began before August 5, 2004 (refer to 14 CFR § 21.183(h), New aircraft manufactured under the provisions of § 21.6(b)).

b. For special airworthiness certificates except for special flight permits, you should complete sections I, II, and III.

c. For special flight permits for the purpose of production flight testing, you should complete sections II and VI, except if you are a light-sport aircraft (LSA) manufacturer. LSA manufacturers should complete sections I, II, and VI.

d. For special flight permits for purposes other than production flight testing, you should complete sections II and VII.

**9. How to Complete FAA Form 8130-6.** The following provides instructions and explanations on how to complete the sections that may apply to your application using paragraph 8 as a guide. Instructions and explanations have been given for all sections except V and VIII. Before starting, you may want to familiarize yourself with the form. Your review may help guide you when gathering the information requested in the blocks. Some sample airworthiness application forms have been provided in appendix D to this AC. You should contact your local FAA office if you have questions related to completing the form.

**a. Section I, Aircraft Description.** You should enter general information about the aircraft in this section of the application. Your information should include data taken from the aircraft identification (ID) plate, aircraft registration, TC data sheet (TCDS) (if applicable), aircraft specification sheet (if applicable), or aircraft listing (if applicable). In the rest of this AC, “aircraft registration” refers to the aircraft’s current registration or most recent renewal.

**(1) Item #1, Registration Mark.** In this block, you should enter information about the aircraft’s nationality and registration marks. This means entering the U.S. nationality designator letter “N” followed by the registration marks as shown on the aircraft registration certificate (refer to 14 CFR part 45, subpart C, Nationality and Registration Marks).

**(2) Item #2, Aircraft Builder’s Name (Make).** In this block, you should enter the name of the manufacturer or builder. The following paragraphs provide additional guidance (refer to 14 CFR § 45.13(a)(1), Identification data).

**(a)** For standard and special airworthiness (primary, limited, provisional, and restricted categories) certificates, the manufacturer’s or builder’s name as it appears on the aircraft’s ID plate should be used to complete the block. For former aircraft of the U.S. Armed Forces (U.S. military aircraft, not assembled from spare and/or surplus articles), the builder’s name should be as listed on the TCDS.

**(b)** For special airworthiness certificates in the light-sport category, the builder’s name is the manufacturer who is identified on FAA Form 8130-15, Light-Sport Aircraft Statement of Compliance. The builder’s name, as identified on FAA Form 8130-15, should be used to complete this block and should match the aircraft’s ID plate.

**(c)** For special airworthiness certificates in the experimental category with the purposes of operating amateur-built and operating primary kit-built aircraft, the builder’s name is the person who fabricated and assembled the aircraft. To complete this block, you should enter the name of the person who fabricated and assembled the aircraft. When two or more persons are involved building the aircraft, only the person’s name that is listed first on the aircraft’s ID plate should be entered.

**(d)** For special airworthiness certificates in the experimental category for the purposes of operating LSAs, the builder’s name is the manufacturer identified on the FAA Form 8130-15. Manufacturers producing LSA kits for assembly will provide a statement of compliance as evidence the design and fabrication meet applicable consensus standards. You should use the builder’s name as identified on FAA Form 8130-15 to help you complete this block. The builder’s name as found on the form should also match the aircraft’s ID plate.

**(e)** For special airworthiness certificates in the experimental category (for the purposes of research and development, exhibition, air racing, crew training, and market survey, and to show compliance with regulations) or a special flight permit, the builder’s name may be found on the aircraft’s ID plate.

**(3) Item #3, Aircraft Model Designation.** Information about the aircraft model designation should be entered in this block. Entering trade names is not acceptable. You should refer to the additional information provided below.

(a) For standard and special airworthiness (primary, limited, provisional, or restricted category) certificates, the aircraft's model designation on the aircraft's ID plate should be used to complete the block. For surplus U.S. military aircraft, both the civil model designation and the military model designation should be used. For example, "Super King Air B200C (C-12F)" has both the civil and military model designations. However, if a U.S. military aircraft receives a TC, the military model designation becomes the civil one and should be used to complete the block (refer to 14 CFR § 21.27, Issue of type certificate: surplus aircraft of the U.S. Armed Forces). For U.S. military aircraft type certificated under the restricted category, you should use only the military designation (refer to 14 CFR § 21.25(a)(2), Issue of type certificate: restricted category aircraft).

(b) For special airworthiness certificates in the light-sport category, the aircraft's model designation can be found on the aircraft's FAA Form 8130-15. You should use the manufacturer's designation as identified on FAA Form 8130-15 to complete this block.

(c) For special airworthiness certificates in the experimental category for the purposes of operating amateur-built or operating primary kit-built aircraft, the aircraft model's designation can be an arbitrary designation. The designation can be given by the builder. If the aircraft was purchased as a kit, the model designation may be assigned by the kit manufacturer. To complete this block, you should enter the builder's designation or, if a manufacturer's kit, the assigned kit designation. The model designation should match the aircraft's ID plate.

(d) For special airworthiness certificates in the experimental category for the purposes of operating LSAs, the aircraft's model designation is identified on FAA Form 8130-15. Manufacturers producing LSA kits for assembly will provide a statement of compliance as evidence that the design and fabrication meet applicable consensus standards. You should use the aircraft's model designation as identified on FAA Form 8130-15 to complete this block.

(e) For special airworthiness certificates in the experimental category (for the purposes of research and development, exhibition, air racing, crew training, and market survey, and to show compliance with regulations) or a special flight permit, you should use the model designation found on the aircraft's ID plate to complete this block.

**(4) Item #4, Year of Manufacture (Yr. Mfr.).** In this block, you should enter the year the aircraft was manufactured from the aircraft's ID plate using a four-digit format (for example, "2009"). If there is a conflict between date formats outlined in this AC and the aircraft's ID plate, use the format shown on the aircraft's ID plate. For aircraft eligible for special airworthiness certificates in the light-sport category, the year of manufacture is found on the aircraft's FAA Form 8130-15.

**(5) Item #5, Aircraft Serial No. (Number).**

(a) For standard or special airworthiness certificates (primary, limited, provisional, and restricted categories), you should enter the manufacturer's or builder's serial number as it appears on the aircraft's ID plate. For U.S. military aircraft, you should use the manufacturer's civil serial number. The military serial number should be placed in parentheses following the civil serial number. If no civil serial number exists, you should enter the military serial number.

(b) For special airworthiness certificates in the light-sport category, the aircraft serial number is identified on the aircraft's ID plate and on FAA Form 8130-15. The ID plate and the serial numbers must match.

(c) For special airworthiness certificates in the experimental category for the purposes of operating amateur-built aircraft, the serial number is given by the builder who fabricated and assembled the aircraft. To complete this block, you should enter your designated serial number.

(d) For special airworthiness certificates in the experimental category for the purposes of operating primary kit-built aircraft, the serial number is usually given by the manufacturer of the kit. To complete this block, you should enter the kit manufacturer's designated serial number.

(e) For special airworthiness certificates in the experimental category for the purposes of operating LSAs, the serial number is assigned by the manufacturer as identified on FAA Form 8130-15. Manufacturers producing LSA kits for assembly provide a statement of compliance as evidence that the design and fabrication meet applicable consensus standards. You should use the serial number as identified on FAA Form 8130-15 to complete this block.

(f) For special airworthiness certificates in the experimental category (for the purposes of research and development, exhibition, air racing, crew training, and market survey, and to show compliance with regulations) or a special flight permit, the serial number should be found on the aircraft's ID plate.

**(6) Item #6, Engine Builder's Name (Make).** In this block, you should enter the aircraft engine builder's name, if applicable. The engine information in this block and the other blocks on FAA Form 8130-6 refers to engines used for aircraft propulsion (refer to 14 CFR § 1.1, General definitions).

(a) For type-certificated aircraft engines, you should enter the name of the manufacturer identified on the engine ID plate whether or not the engine conforms to type design. If a type-certificated aircraft engine no longer has an ID plate, you should enter the manufacturer's name as it is known in the marketplace or if marked on the engine. Abbreviations may be used (for example, "P&W" or "G.E.").

(b) For non-type-certificated aircraft engines, you should enter the manufacturer's name as it is known in the marketplace or if marked on the engine to complete this block (for example, Rotax). Abbreviations may be used.

(c) When no aircraft engines are installed, as in the case of a glider or balloon, enter “N/A” (not applicable) to complete this block.

**(7) Item #7, Engine Model Designation.** In this block, you should enter the engine model’s designation.

(a) For type-certificated engines, you should enter the model designation located on the engine ID plate whether or not the engine conforms to type design. If a type-certificated aircraft engine no longer has an ID plate, you should find and use the engine manufacturer’s model designation, part number, or serial number markings. Examples include “O-320-A1B,” “PT6A-20A,” or “CFM-56-3C-1” (refer to 14 CFR § 45.13(a)(2)).

(b) For non-type-certificated engines, you should find and use the engine manufacturer’s model designation, part number, or serial number markings.

(c) When no engines are installed, as in the case of a glider or balloon, you should enter “N/A.”

**(8) Item #8, Number of Engines.** In this block, you should enter the number (using digits) of aircraft engines installed on the aircraft if applicable. For example, an entry of “1” means that one aircraft engine is installed. For aircraft with no engines, you should enter “0.”

**(9) Item #9, Propeller Builder’s Name (Make).** You should enter the propeller builder’s name if applicable. The propeller information in this block and the other blocks of FAA Form 8130-6 refers to propellers used for aircraft propulsion (refer to 14 CFR § 1.1, General definitions).

(a) For type-certificated propellers, you should enter the name of the manufacturer as shown by propeller ID markings whether or not the propeller conforms to type design. If a type-certificated propeller no longer has an ID plate, you should enter the manufacturer’s name as it is known in the marketplace to complete this block.

(b) For non-type-certificated propellers, you should enter the manufacturer’s name as it is known in the marketplace to complete this block.

(c) You should enter “N/A” if no propellers are installed.

**(10) Item #10, Propeller Model Designation.** You should enter the propeller model’s designation, if applicable.

(a) For type-certificated propellers, the manufacturer is required to mark the propeller with the model designation. You should use this information to complete the block whether or not the propeller conforms to type design. If a type-certificated propeller no longer has an ID plate, you should enter the model designation as it is known in the marketplace or use the propeller diameter and pitch when a model designation is not known.

(b) For non-type-certificated propellers, you should enter the model designation as it is known in the marketplace or use the propeller diameter and pitch.

(c) When no propellers are installed, you should enter “N/A.”

**(11) Item #11, Aircraft Is Import.** This box should be marked only when the following three conditions are met:

(a) The aircraft was manufactured outside the United States, in a country with which we have a bilateral agreement.

(b) The aircraft has been issued a U.S. TC in accordance with that agreement. Bilateral agreements can be found at [http://www.faa.gov/aircraft/air\\_cert](http://www.faa.gov/aircraft/air_cert). Additionally, all technical data concerning noise and airworthiness has been submitted to the FAA. Manuals, placards, listings, and instrument markings required by airworthiness and noise requirements are listed in the English language (refer to 14 CFR § 21.29, Issue of type certificate: import products).

(c) The foreign aviation authority certifies the aircraft conforms to its type design and is in condition for safe operation (refer to 14 CFR § 21.183(c), Import aircraft).

**b. Section II, Certification Requested.** This section should help you choose which boxes to mark for the airworthiness certificate you are requesting. To clearly indicate your choices, you should use checkmarks or “x” marks in the boxes.

**(1) Item A, Standard Airworthiness Certificate.** A standard airworthiness certificate is issued to type-certificated aircraft in the normal, utility, acrobatic, transport, commuter, and manned free balloon categories. For a standard airworthiness certificate, you should mark the “Standard Airworthiness Certificate” box and the applicable category box. You should refer to the aircraft model TCDS to determine whether more than one category can be selected.

(a) Also included are special class aircraft such as gliders, airships, and other non-conventional aircraft. A special class aircraft may include an airframe, installed engines, and propellers for which airworthiness standards have not been issued under 14 CFR part 21, subpart B, Type Certificates. A special class should be indicated by marking the “Standard Airworthiness Certificate” box and the “Other” box. In the blank space directly above the standard category blocks, you should enter the type (for example, glider, very light aircraft, or airship).

(b) For aircraft type certificated before the adoption of categories, you should mark the “Standard Airworthiness Certificate” box and the “Other” box. You should use the blank space directly above the boxes to enter the certification basis. The certification basis can be found in the aircraft listing, specification sheet, or TCDS. Here is an example of an older certification basis entered in the blank space: “Category N/A - Certification basis CAR-04-A (Civil Air Regulations part 4a)”.

(c) The following regulations may be useful when making an application for standard airworthiness:

*1* Refer to 14 CFR § 21.183(a) for new aircraft manufactured under a production certificate (PC).

*2* Refer to 14 CFR § 21.183(b) for new aircraft manufactured under a TC.

*3* Refer to 14 CFR § 21.183(c) for import aircraft.

*4* Refer to 14 CFR § 21.183(d) for used aircraft and surplus aircraft of the U.S. Armed Forces (U.S. military aircraft).

*5* Refer to 14 CFR § 21.183(h) for new aircraft manufactured under the provisions of 14 CFR § 21.6(b), which allows a person to build one type-certificated aircraft without holding or licensing the TC if evidence can be shown that construction began before August 5, 2004.

**(2) Item B, Special Airworthiness Certificate.** This certificate is issued to aircraft not meeting the requirements for a standard airworthiness certificate. Special airworthiness certificates are identified as primary, light-sport, limited, provisional, restricted, experimental, and special flight permit.

**(a) Primary Category.** Special airworthiness certification in the primary category can be issued to type-certificated aircraft meeting the criteria of 14 CFR § 21.24(a)(1), Issuance of type certificate: primary category aircraft manufactured under a PC. This also includes aircraft kits provided by a PC holder to other people. However, the people who assemble these kits work under the supervision and quality control of the PC holder. To submit an application for a special airworthiness certificate in the primary category, you should mark the “Special Airworthiness Certificate” box and the “Primary” box. The following regulations may be useful when making an application of special airworthiness in the primary category:

*1* Refer to 14 CFR § 21.184(a) for new primary category aircraft manufactured under a PC.

*2* Refer to 14 CFR § 21.184(b) for imported aircraft in the primary category.

*3* Refer to 14 CFR § 21.184(c) for aircraft having a current standard airworthiness certificate to be exchanged for a special airworthiness certificate in the primary category.

*4* Refer to 14 CFR § 21.184(d) for other aircraft that may qualify for a special airworthiness certificate in the primary category.

**(b) Light-Sport Category.** Special airworthiness certificates in the light-sport category can be issued when your aircraft meets the requirements of 14 CFR § 21.190, Issue of airworthiness certificate for light-sport category aircraft. There are five classes in the light-sport category (airplane, powered parachute, weight-shift-control aircraft, glider, and lighter-than-air

aircraft). Each class is defined by the design and manufacturing requirements of its respective consensus standard. For a special airworthiness certificate in the light-sport category, you should mark the “Special Airworthiness Certificate” box and the “Light-Sport” box, and then mark the appropriate light-sport class (for example, airplane or powered parachute). You should select only one class.

**(c) Limited Category.** Special airworthiness certificates in the limited category can be issued when your aircraft meets the requirements of 14 CFR § 21.189, Issue of airworthiness certificate for limited category aircraft. For a special airworthiness certificate in the limited category, you should mark the “Special Airworthiness Certificate” box and the “Limited” box.

**(d) Provisional Category.** Special airworthiness certificates in the provisional category can be issued when your aircraft has a provisional TC. A provisional category special airworthiness certificate is issued to conduct special purpose operations of aircraft with provisional TCs. The duration of this airworthiness certificate is limited to the duration of the provisional TC. Two classes of provisional TCs may be issued. Class I certificates may be issued for all categories and have a duration of 24 months. Class II certificates are issued for transport category aircraft only and have a duration of 12 months. When you select a special airworthiness certificate in the provisional category, you should mark the “Special Airworthiness Certificate” box and choose one of the class boxes (refer to 14 CFR § 21.221, Class I provisional airworthiness certificates, or 14 CFR § 21.223, Class II provisional airworthiness certificates).

**(e) Restricted Category.** Special airworthiness certificates in the restricted category can be issued when your aircraft meets the requirements in 14 CFR § 21.185, Issue of airworthiness certificate for restricted category aircraft.

*I* This category includes several types of operations described in 14 CFR § 21.25(b), Issue of type certificate: Restricted category aircraft.

| Form Box # | General Operations                      | Special Purpose  |
|------------|---|--|
| 1          | Agriculture and pest control operations | Spraying, dusting, seeding, and livestock and predatory animal control |
| 2          | Aerial surveying                        | Photography, mapping, and oil and mineral exploration                  |
| 3          | Aerial advertising                      | Skywriting, banner towing, airborne signs, and public address systems  |
| 4          | Forest (wildlife conservation)          | Forest and wildlife conservation                                       |
| 5          | Patrolling operations                   | Patrol of pipelines, power lines, and canals                           |
| 6          | Weather control                         | Cloud seeding  |

**2** To submit an application for a special airworthiness certificate in the restricted category, you should mark the “Special Airworthiness Certificate” box, the “Restricted” box, and the applicable operation(s). If an applicable operation is not listed, you should mark the “Other” box and provide a description of the operation in the blank space.

**3** The following references may be useful when making an application of special airworthiness in the restricted category.

**(aa)** Refer to 14 CFR § 21.185(a) for restricted category aircraft manufactured under a PC or TC only.

**(bb)** Refer to 14 CFR § 21.185(b) for other aircraft (surplus U.S. military aircraft or an aircraft previously type certificated in another category).

**(cc)** Refer to 14 CFR § 21.185(c) for import aircraft type certificated and produced under the authority of another country with which the United States has a bilateral agreement.

**(dd)** Refer to FAA Order 8130.2 for procedures about restricted airworthiness certification.

**(f) Experimental Category.** Special airworthiness certification in the experimental category is given for aircraft with purposes defined in 14 CFR § 21.191, Experimental certificates. To submit an application for a special airworthiness certificate in the experimental category, you should mark the “Special Airworthiness Certificate” box, the “Experimental” box, and the applicable operation(s) to be conducted. Unmanned aircraft can be issued certificates for the purposes of research and development, crew training, or market survey. When making an application for an unmanned aircraft, in addition to marking the “Special Airworthiness” and “Experimental” boxes, you should mark the “Unmanned Aircraft” box. You should then mark one or more of the three listed operations boxes. The following references may be useful when making an application of special airworthiness in the experimental category.

**1** Refer to 14 CFR § 21.191(a) for operations in research and development.

**2** Refer to 14 CFR § 21.191(b) for operations to show compliance with regulations.

**3** Refer to 14 CFR § 21.191(c) for operations related to crew training.

**4** Refer to 14 CFR § 21.191(e) for operations related to exhibition.

**5** Refer to 14 CFR § 21.191(e) for operations related to air racing.

**6** Refer to 14 CFR § 21.191(f) for operations related to market surveys.

**7** Refer to 14 CFR § 21.191(g) for operations related to amateur-built aircraft.

**8** Refer to 14 CFR § 21.191(h) for operations related to kit-built aircraft (primary category aircraft assembled without the supervision and quality control of a PC holder).

**9** Refer to 14 CFR § 21.191(i) for operations related to experimental LSAs.

**10** Refer to FAA Order 8130.34, Airworthiness Certification of Unmanned Aircraft Systems and Optionally Piloted Aircraft.

**(g) Special Flight Permit.** Special flight permits are given for aircraft that may not currently meet applicable airworthiness requirements but are capable of safe flight. For a special flight permit, you should mark the “Special Airworthiness Certificate” box, the “Special Flight Permit” box, and the applicable operation to be conducted. Unmanned aircraft may be issued special flight permits for production flight testing. The following regulations may be useful reference when applying for a special flight permit.

**1** Refer to 14 CFR § 21.197(a)(1) if you are flying an aircraft to a base where repairs, alterations, or maintenance are to be performed, or to a point of storage.

**2** Refer to 14 CFR § 21.197(a)(2) for aircraft delivery or exports.

**3** Refer to 14 CFR § 21.197(a)(3) for production flight testing of new aircraft.

**4** Refer to 14 CFR § 21.197(a)(4) for evacuating aircraft from areas of impending danger.

**5** Refer to 14 CFR § 21.197(a)(5) for customer demonstration flights in new aircraft that have completed production testing.

**6** Refer to 14 CFR § 21.197(b) for operations of an aircraft weighing more than the maximum certificated takeoff weight.

**(3) Item C, Multiple Airworthiness Certificate.** Certificates can be issued to an applicant in the restricted category and one or more other categories except the primary category (refer to 14 CFR § 21.187, Issue of multiple airworthiness certificates, for additional information and requirements). For application of multiple airworthiness certificates, you should mark the “Multiple Airworthiness Certificate” box. Based upon your application, you should mark, when applicable, the “Standard Airworthiness” box with the appropriate categories and/or the “Special Airworthiness” box with the appropriate categories. On the application, you should mark only the aircraft airworthiness certificates you are requesting to hold.

**c. Section III, Owner’s Certification.** 14 CFR part 47, Aircraft Registration, details the requirements to register aircraft.

**(1) Item A, Registered Owner.**

**(a) Name.** You should use the name as exactly shown on the aircraft registration certificate.

**(b) Address.** You should use the address as exactly shown on the aircraft registration certificate.

**(c) If Dealer, Check Here.** This block should be marked if the aircraft is registered under a dealer's aircraft registration certificate.

**(2) Item B, Aircraft Certification Basis.** In this section, you will be asked about the aircraft specifications, airworthiness directives (AD), aircraft listing (if applicable), and supplemental TCs (STC). If your application is for multiple airworthiness certificates, the certification basis for each requested certificate should be entered. You should mark all boxes that apply to your application and complete the requested data in each block as it applies:

**(a) Aircraft Specification or Type Certificate Data Sheet.** When you mark this box and complete the block, you are indicating the aircraft has a TC or aircraft specification, or complies with a consensus standard.

**1** For aircraft with TCs, you should enter the TC number (for example, "AB123"). When revisions exist, you should use the TC number plus "Rev" and the revision number (for example, "AB123 Rev 1"). The revision number is the version found on page 1 of the aircraft's TCDS.

**2** For a new aircraft or model where the TCDS or specification has been approved but not yet published, you should enter the date of approval in month/day/year format, the TC number, and the word "Preliminary" (for example, "01/02/2010 AB123 Preliminary").

**3** A special airworthiness certificate in the light-sport category or the experimental category operating light-sport requires a statement of compliance to a design consensus standard. You should mark the box and enter the applicable consensus standard for design and performance. You will find this information on the aircraft's FAA Form 8130-15. An example of an American Society for Testing and Materials design and performance standard for LSAs is "F2245-04", where "F2245" refers to the consensus standard and "-04" represents the current accepted version.

**4** For a special airworthiness certificate in the experimental category (except experimental operating light-sport), you should leave the box unmarked and enter "N/A" in the block.

**5** You should enter "N/A" in the block if you are an LSA manufacturer who has produced a first article aircraft for research and development flight testing. Before the box can be marked and the consensus standard entered in the block, the manufacturer must demonstrate compliance to the respective design and performance consensus standard. Usually when an LSA manufacturer is performing research and development, it is to demonstrate compliance to the standard. First article aircraft should not have an FAA Form 8130-15. Once flight tests show compliance to the design and performance consensus standards as well as all other applicable consensus standards, the manufacturer can create an FAA Form 8130-15 for the aircraft. When an LSA has an FAA Form 8130-15, the box should be marked and the design and performance standard entered in the block.

**(b) Airworthiness Directives.** Regardless of the type of airworthiness certificate being requested, you should review this block and indicate the aircraft is in compliance with all applicable ADs (refer to 14 CFR part 39, Airworthiness Directives, and 14 CFR § 21.99, Required design changes).

*1* If all ADs are in compliance, you should check the box and then enter the latest AD biweekly supplement number published as of the date of application. You should use a four-digit year, a dash, and publication number format (for example, “2010-04”). As an example, if the day of your application is 11/28/2010, you would find 2010-24 as the latest supplement published on 11/23/2010. You would then enter “2010-24” in the block.

*2* For a special airworthiness certificate in the light-sport category or the experimental category operating light-sport, you should list all applicable manufacturer safety directives available as of the date of application (for example, “SD-001”). If there are no manufacturer safety directives, “None” should be entered. This block should also contain the latest AD biweekly supplement and either the manufacturer’s list of safety directives or “None” (for example, “2010-04, SD-001, SD-002” or “2010-04, None”).

*3* Each AD contains an applicability statement specifying the product (aircraft, aircraft engine, propeller, or appliance) to which it applies. Unless stated otherwise ADs only apply to type-certificated aircraft, including ADs issued for an engine, propeller, or appliance (refer to AC 39-7, Airworthiness Directives).

**(c) Aircraft Listing.** Older aircraft (predating TCDS) may have been originally certificated with aircraft specifications. This block should contain the page number of aircraft specification where the type or model is found. For example, a 1928 Travel Air 3000 has an aircraft specification of #31, where the aircraft type is listed on page 65 of that specification. If applicable, you should mark the box and enter the listing page number(s) as appropriate. If this block does not apply or there is no aircraft listing, you should leave the box unmarked and enter “N/A.”

**(d) Supplemental Type Certificate.** This block is applicable for all standard airworthiness certifications. This block is also applicable for special airworthiness certifications in the restricted, limited, provisional, and primary categories. When one or more STCs are installed, you should mark the box and complete the block with the required information. When no STCs are installed, you should leave the box unmarked and the block blank.

*1* You should enter the STC number of each STC installed. If more space is needed, you should use an attachment. When using an attachment, you should list the STCs installed by STC number only. For aircraft involved in FAA STC projects, ensure the STC number for the completed project is listed in the block at the time of application.

*2* For a special airworthiness certificate in the experimental or light-sport category, you should leave the box unmarked and enter “N/A” in the block.

**(3) Item C, Aircraft Operation and Maintenance Records.**

**(a) Check if Records Are in Compliance with 14 CFR § 91.417, Maintenance Records.** Your maintenance records must comply with 14 CFR § 91.417 and be in the English language. This block is applicable to all aircraft and should be marked to indicate the recordkeeping requirements of the regulation have been met.

*1* Compliance to 14 CFR § 91.417(a)(2)(i) requires the total service time of the airframe, each engine, propeller, and rotor.

*2* Compliance to 14 CFR § 91.417(a)(2)(ii) requires a maintenance record of the current status of life-limited parts of each airframe, engine, propeller, rotor, and appliance.

**(b) Total Airframe Hours.** You should enter into this block the aircraft's total time in service measured in hours. Time in service should be determined from your aircraft and maintenance records.

**(c) Experimental Only.**

*1* This block should only be completed when—

**(aa)** You are submitting an application for a new or renewed special airworthiness certificate in the experimental category (experimental certificate),

**(bb)** You are requesting a change from an experimental certificate back to a previously held standard airworthiness certificate, or

**(cc)** You are requesting a change from an experimental certificate back to a previously held special airworthiness certificate in another category.

*2* You should enter "0" if you are applying for an original issuance of an experimental certificate with zero hours flown.

*3* If you are renewing an experimental certificate or making an application to change back a previously held certificate, you should enter in this block the number of hours the aircraft has flown since the issue of your current experimental certificate.

**(4) Item D, Certification.** You will need to read and verify the certification statement on the application before completing this item. There are three blocks to complete:

**(a) Date of Application.** You should enter the date that you attest to the certification statement in month/day/year format (for example, "02/09/2010").

**(b) Name and Title.** You should either print or type the full name and title of the person certifying the application. A full name may include first name, a middle initial, and last name. Titles may include owner, president, director, or agent. Examples of a full name and title are "John E. Doe, Owner" and "John Doe, Director of Quality Assurance." If the signature is by

the owner's agent, a notarized letter from the aircraft's registered owner authorizing the agent to act on the owner's behalf is required.

**(c) Signature.** The person whose name appears in the "Name and Title" block should sign the signature block.

**d. Section IV, Inspection Agency Verification.** You should only complete this section for standard airworthiness applications of used aircraft or surplus U.S. military aircraft. To qualify for a standard airworthiness certificate, you must show the aircraft conforms to a type design approved under a TC or an STC. All applicable ADs must also be in compliance. The aircraft must be inspected and found airworthy by one of four methods (refer to paragraph (1)(a) through (1)(d) of this section). Finally, the responsible person at the inspection agency will date and sign this block (refer to 14 CFR § 21.183(d), Used aircraft and surplus aircraft of the U.S. Armed Forces).

**(1) Boxes.** You should mark the applicable box and provide a certificate number or aircraft manufacturer name or firm in the corresponding block.

**(a) 14 CFR part 121 Certificate Holder.** You should mark this box and enter the certificate number (block 2) when the aircraft has been inspected and found airworthy by a part 121 certificate holder.

**(b) Certificated Mechanic.** You should mark this box and enter the certificate number (block 3) when the aircraft has been inspected and found airworthy by a certificated mechanic.

**(c) Certificated Repair Station.** You should mark this box and enter the certificate number (block 6) when the aircraft has been inspected and found airworthy by a mechanic at a certificated repair station. In the case of used aircraft and surplus aircraft of the U.S. Armed Forces, the FAA may accept a previously performed inspection in lieu of a 100-hour inspection. In this circumstance the applicant should list the foreign repair station name and number (if applicable) in block 6. Using permanent blue or black ink, the applicant should strike/draw a line through the title of block 5, initial the line-through, and provide a statement in block 5 that an equivalent inspection was performed.

**(d) Aircraft Manufacturer.** You should mark this box and enter the manufacturer name (block 5) when the aircraft has been inspected and found airworthy by the manufacturer who holds the TC.

**(2) Date.** You should enter the date the inspection agency attests to the verification statement. You should enter the date in month/day/year format (for example, "02/09/2010").

**(3) Title.** The authorized person at the inspecting agency completes this portion. The authorized person will print or type their full name in the space. A full name may include first, middle initial as appropriate, and last name. Titles may include mechanic, technician, inspector, manager, or director. "John E. Doe, Avionics Technician" and "John Doe, Director of Quality Assurance" are some examples of a full name and title.

**(4) Signature.** The person whose name appears in the “Title” block should sign the signature block.

**e. Section V, FAA Representative Certification.** This section will be completed by the FAA inspector or designee.

**f. Section VI, Production Flight Testing.** You should complete this section if you are a manufacturer applying for a special flight permit with the purpose of flight testing production aircraft. If you are a manufacturer producing fully assembled aircraft in the light-sport category, you should only complete items A and C. Item B should be left blank (refer to 14 CFR § 21.197(a)(3), Special flight permits).

**(1) Item A, Manufacturer.**

**(a) Name.** You should enter the name of the manufacturer or legal name of the company.

**(b) Address.** You should enter the company’s full physical address, which includes street address, city, state, and zip code.

**(2) Item B, Production Basis.**

**(a) Production Certificate.** You should mark this box if the manufacturer holds a PC and has produced the aircraft under this certificate. If the box is marked, a PC number should be entered in the block space.

**(b) Type Certificate.** You should mark this box if this aircraft was produced under a TC and not a PC.

**(c) Other.** This box should not be marked.

**(3) Item C.**

**(a) Give Quantity of Certificates Required for Operating Needs.** For manufacturers in serial production (except LSA manufacturers), you may request more than one certificate per application submitted. You should enter the quantity (in digits) of certificates needed for your operation. For example, entering “4” requests four certificates for use during production flight tests that can be transferred from one aircraft to another. However, for LSA production flight tests, permits are not transferable. Because each LSA is individually issued a special flight permit, you should enter “1” for one certificate.

**(b) Date of Application.** You should enter the current date as the special flight permit application date in the month/day/year format (for example, “02/09/2010”).

**(c) Name and Title.** You should either print or type the full name and title. A full name usually includes first name, a middle initial, and last name. Titles may include owner, president, director, or authorized agent. “John E. Doe, Owner” and “John Doe, Director of Quality Assurance” are some examples of a full name and title.

**(d) Signature.** The person whose name appears in the “Name and Title” block should sign this block.

**g. Section VII, Special Flight Permit Purposes Other than Production Flight Test.**

**(1) Item A, Description of Aircraft.** Entries in this section should match the data recorded on the aircraft’s registration certificate and the aircraft’s ID plate as applicable.

**(a) Registered Owner.** You should enter the name on the aircraft’s registration certificate.

**(b) Address.** You should enter the owner’s address listed on the aircraft’s registration certificate.

**(c) Builder.** You should enter the name of the manufacturer or builder as it appears on the aircraft’s ID plate.

**(d) Model.** You should enter the model designation as shown on the aircraft’s ID plate.

**(e) Serial Number.** You should enter the serial number as shown on the aircraft ID plate.

**(f) Registration Mark.** You should enter the U.S. nationality designator letter “N” followed by the registration marks as shown on the aircraft registration certificate.

**(2) Item B, Description of Flight.**

**(a) Customer Demonstration Flights.** You should mark this block if the special flight permit is for a customer demonstration flight.

**(b) From.** You should enter the aircraft’s current location (for example, “Kansas City, Missouri”, or the airport identifier “MCI”).

**(c) To.** You should enter the aircraft’s intended destination (for example, “Dallas, Texas”, or the airport identifier “DFW”).

**(d) Via.** This block should contain the name(s) of an airport or city at some intermediate point(s) in the flight. Entering “via” points provides a general direction of the flight route (refer to 14 CFR § 21.199(a)(2), Issue of special flight permits). For example, a flight from “Kansas City, Missouri” (or “MCI”), to “Dallas, Texas” (or “DFW”), may be flown via “Wichita, Kansas” (or “ICT”), and “Oklahoma City, Oklahoma” (or “OKC”). You should leave this block blank if there are no planned intermediate points.

**(e) Departure Date.** You should enter the date the flight is planned using month/day/year format (for example, “02/09/2010”).

**(f) Duration.** The duration is the length of time needed for the special flight permit. The duration is not the same as the planned duration of the actual flight. Factors such as fueling stops, weather conditions, overnight stops, or any other reasonable condition should be given consideration when establishing the duration. The length of time needed for the aircraft to reach its intended destination should be given in whole number days or weeks (for example, “7 days” or “2 weeks”) (refer to 14 CFR § 21.199).

**(3) Item C, Crew Required to Operate the Aircraft and Its Equipment.** In this section, you should mark the boxes of the crew required to operate the aircraft and its equipment. If additional crew members other than the ones listed in boxes are necessary, mark the “Other” box. You should then write the additional required crew member’s function (for example, test engineer, avionics technician) in the space provided to the right of the “Other” box.

**(4) Item D, The Aircraft Does Not Meet the Applicable Airworthiness Requirements as Follows.** In the space provided, you should detail the conditions where the aircraft does not comply with the applicable airworthiness requirements. You should keep in mind this is your basis for requesting a special flight permit and will need to be specific (refer to 14 CFR § 21.199(a)(4)).

**(5) Item E, The Following Restrictions Are Considered Necessary for Safe Operation.** In the space provided, you should write any restrictions you consider necessary for safe operation of the aircraft (for example, reduced airspeed, operating weight, turbulence avoidance, crew limitations, or qualifications). The application will be reviewed and additional conditions and/or limitations may be prescribed for safe operation (refer to 14 CFR § 21.199(a)(5) and (6)).

**(6) Item F, Certification.** If this section applies to your application, you should read the certification statement and verify that you meet the requirements before completing this item. There are three blocks to complete:

**(a) Date of Application.** In this block, you should enter the current date using month/day/year format (for example, “02/09/2010”).

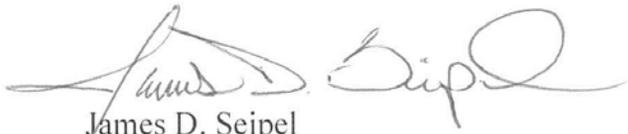
**(b) Name and Title.** You should either print or type the full name and title. A full name usually includes first name, a middle initial, and last name. Following the full name, the block requests the title of that person. Titles may include owner, president, director, or authorized agent. “John E. Doe, Owner” or “John E. Doe, Director of Quality Assurance” are some examples of a full name and title.

**(c) Signature.** The person whose name appears in the “Name and Title” block should sign the block. If the signature is the owner’s agent, a notarized letter from the registered owner authorizing the agent to act on the owner’s behalf is required.

**h. Section VIII, Airworthiness Documentation.** This section will be completed by the FAA inspector or designee.

**10. Submitting the Completed FAA Form 8130-6.** Once you have completed the applicable sections and the FAA Form 8130-6 is signed, you should submit it to your local FAA office. Be prepared to provide additional documentation required by the regulations for final airworthiness certification. If you are an authorized agent to act in someone's behalf, a notarized letter of authority should be included with the application form. For manufacturers holding an FAA production approval, an application may be submitted to an authorized Designated Airworthiness Representative, Designated Manufacturing Inspection Representative, or Organization Designation Authorization unit member, as appropriate.

**11. Where to Find This AC.** You can find this AC at [http://www.faa.gov/regulations\\_policies/advisory\\_circulars/](http://www.faa.gov/regulations_policies/advisory_circulars/).



James D. Seipel  
Manager  
Production and Airworthiness Division

**Appendix A. Acronyms**

|      |                                 |
|------|---------------------------------|
| AC   | Advisory Circular               |
| AD   | Airworthiness Directive         |
| CAR  | Civil Air Regulation            |
| CFR  | Code of Federal Regulations     |
| FAA  | Federal Aviation Administration |
| ID   | Identification                  |
| LSA  | Light-Sport Aircraft            |
| N/A  | Not Applicable                  |
| PC   | Production Certificate          |
| STC  | Supplemental Type Certificate   |
| TC   | Type Certificate                |
| TCDS | Type Certificate Data Sheet     |

## Appendix B. Related 14 CFR Parts

- 1. 14 CFR part 1, Definitions.** 14 CFR part 1 provides definitions for terms used in the application.
- 2. 14 CFR part 21, Certification Procedures for Products, Articles, and Parts.** 14 CFR part 21 sets forth rules for the issuance of and change to type certificates, and issuance of production certificates, airworthiness certificates, and export airworthiness approvals. It also sets forth the rules governing the holders of these certificates and the approval of certain articles.
- 3. 14 CFR part 39, Airworthiness Directives.** 14 CFR part 39 provides a legal framework for the FAA's system of Airworthiness Directives.
- 4. 14 CFR part 43, Maintenance, Preventive Maintenance, Rebuilding, and Alteration.** 14 CFR part 43 sets forth rules governing the maintenance, preventive maintenance, rebuilding, and alteration of aircraft having a U.S. airworthiness certificate, certain foreign-registered aircraft, and related products and articles.
- 5. 14 CFR part 45, Identification and Registration Marking.** 14 CFR part 45 sets forth rules for display of nationality and registration marks, display of special airworthiness classification marks, identification plates for products, and identification of certain replacement and critical aircraft articles.
- 6. 14 CFR part 47, Aircraft Registration.** 14 CFR part 47 sets forth rules for registering an aircraft.
- 7. 14 CFR part 91, General Operating and Flight Rules.** 14 CFR part 91 sets forth rules governing the operation of most aircraft within the United States.

### **Appendix C. Related Publications**

1. FAA Order 8130.2, Airworthiness Certification of Aircraft and Related Products.
2. FAA Order 8130.34, Airworthiness Certification of Unmanned Aircraft Systems and Optionally Piloted Aircraft.
3. AC 20-27, Certification and Operation of Amateur-Built Aircraft.
4. AC 20-65, U.S. Airworthiness Certificates and Authorizations for Operation of Domestic and Foreign Aircraft.
5. AC 21-4, Special Flight Permits for Operation of Overweight Aircraft.
6. AC 21-37, Primary Category Aircraft.
7. AC 39-7, Airworthiness Directives.
8. AC 45-2, Identification and Registration Marking.

**Appendix D.**  
**Examples of FAA Form 8130-6, Application for Airworthiness Certificate**

| <b>Figure</b> | <b>FAA Form 8130-6 Example</b>   | <b>Reference</b>               |
|---------------|--|--------------------------------|
| D-1           | Standard, Normal   | 14 CFR § 21.183(a)             |
| D-2           | Standard, Transport  | 14 CFR § 21.183(a) or (b)      |
| D-3           | Standard, Transport, Used Aircraft, No Previous U.S. Airworthiness Certificate                 | 14 CFR § 21.183(d)             |
| D-4           | Standard, Import Glider  | 14 CFR § 21.183(c)             |
| D-5           | Standard, Surplus Military   | 14 CFR § 21.183(d)             |
| D-6           | Standard, Other, Import, JAR/VLA   | 14 CFR § 21.183(c)             |
| D-7           | Special, Primary   | 14 CFR § 21.184(a)             |
| D-8           | Special, Light-Sport (with TC installations)   | 14 CFR § 21.190                |
| D-9           | Special, Light-Sport (without TC installations)  | 14 CFR § 21.190                |
| D-10          | Special, Limited   | 14 CFR § 21.189                |
| D-11          | Special, Provisional, Class I  | 14 CFR § 21.221                |
| D-12          | Special, Restricted  | 14 CFR § 21.185                |
| D-13          | Special, Experimental, Research and Development  | 14 CFR § 21.191(a)             |
| D-14          | Special, Experimental, To Show Compliance with the CFR   | 14 CFR § 21.191(b)             |
| D-15          | Special, Experimental, Amateur Built (with TC installations)                                   | 14 CFR § 21.191(g)             |
| D-16          | Special, Experimental, Operating Light-Sport, Operating Light-sport Kit-Built                  | 14 CFR § 21.191(i)             |
| D-17          | Special, Experimental, Unmanned Aircraft   | 14 CFR § 21.191(a),(c), or (f) |
| D-18A/B       | Special, Special Flight Permit, Ferry flight for Repairs, Alterations, Maintenance, or Storage | 14 CFR § 21.197(a)(1)          |
| D-19A/B       | Special, Special Flight Permit, Operation in Excess of Maximum Certificated Take-off Weight    | 14 CFR § 21.197(b)             |
| D-20A/B       | Special, Special Flight Permit, Production Flight Testing                                      | 14 CFR § 21.197(a)(3)          |
| D-21A/B       | Special, Special Flight Permit, Production Flight Testing, Light-Sport Manufacturer            | 14 CFR § 21.197(a)(3)          |
| D-22A/B       | Special, Special Flight Permit, Production Flight Testing, Unmanned Aircraft Manufacturer      | 14 CFR § 21.197(a)(3)          |
| D-23          | Multiple, Normal and Restricted  | 14 CFR § 21.187                |

**Figure D-1. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Standard – Normal, Under 14 CFR § 21.183(a) (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                        |   |  |  |   |                 |
|--|------------------------|---|--|--|---|-----------------|
|  U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |                        | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>       |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |                 |
| <b>I. AIRCRAFT DESCRIPTION</b>   | 1. REGISTRATION MARK   | 2. AIRCRAFT BUILDER'S NAME (Make)                           | 3. AIRCRAFT MODEL DESIGNATION  | 4. YR. MFR.  | FAA CODING  |                 |
|  | 5. AIRCRAFT SERIAL NO. | 6. ENGINE BUILDER'S NAME (Make)                             | 7. ENGINE MODEL DESIGNATION  |  |   |                 |
|  | 8. NUMBER OF ENGINES   | 9. PROPELLER BUILDER'S NAME (Make)                          | 10. PROPELLER MODEL DESIGNATION  | 11. AIRCRAFT IS (Check if applicable)                          |   |                 |
| N5206Q   |                        | Cessna Aircraft Company                                     | 172S   | 2002   |   |                 |
| 17259111   |                        | Lycoming Engines  | IO-360-L2A   |  |   |                 |
| 1  |                        | McCauley Propeller Systems                                  | 1A170E/JHA7660   | IMPORT   |   |                 |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                        |   |  |  |   |                 |
| A 1 <input checked="" type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input checked="" type="checkbox"/> NORMAL <input checked="" type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER  |                        |   |  |  |   |                 |
| B SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                        |   |  |  |   |                 |
| 7 PRIMARY  |                        |   |  |  |   |                 |
| 9 LIGHT-SPORT (Indicate Class) <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                        |   |  |  |   |                 |
| 2 LIMITED  |                        |   |  |  |   |                 |
| 5 PROVISIONAL (Indicate class)   |                        |   |  |  |   |                 |
| 1 CLASS I  |                        |   |  |  |   |                 |
| 2 CLASS II   |                        |   |  |  |   |                 |
| 3 RESTRICTED (Indicate operation(s) to be conducted)   |                        |   |  |  |   |                 |
| 1 AGRICULTURE AND PEST CONTROL 2 AERIAL SURVEY 3 AERIAL ADVERTISING  |                        |   |  |  |   |                 |
| 4 FOREST (Wildlife conservation) 5 PATROLLING 6 WEATHER CONTROL  |                        |   |  |  |   |                 |
| 0 OTHER (Specify)  |                        |   |  |  |   |                 |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)   |                        |   |  |  |   |                 |
| 1 RESEARCH AND DEVELOPMENT 2 AMATEUR BUILT 3 EXHIBITION  |                        |   |  |  |   |                 |
| 4 AIR RACING 5 CREW TRAINING 6 MARKET SURVEY   |                        |   |  |  |   |                 |
| 0 TO SHOW COMPLIANCE WITH THE CFR 7 OPERATING (Primary Category) KIT BUILT AIRCRAFT  |                        |   |  |  |   |                 |
| 8 OPERATING LIGHT-SPORT  |                        |   |  |  |   |                 |
| 8A Existing aircraft without an airworthiness certificate & do not meet § 103.1  |                        |   |  |  |   |                 |
| 8B Operating Light-Sport Kit-built   |                        |   |  |  |   |                 |
| 8C Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190   |                        |   |  |  |   |                 |
| 9 UNMANNED AIRCRAFT 9A RESEARCH AND DEVELOPMENT 9C CREW TRAINING   |                        |   |  |  |   |                 |
| 9B MARKET SURVEY   |                        |   |  |  |   |                 |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |                        |   |  |  |   |                 |
| 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |                        |   |  |  |   |                 |
| 2 EVACUATE FROM AREA OF IMPENDING DANGER   |                        |   |  |  |   |                 |
| 3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |                        |   |  |  |   |                 |
| 4 DELIVERING OR EXPORTING 5 PRODUCTION FLIGHT TESTING  |                        |   |  |  |   |                 |
| 6 CUSTOMER DEMONSTRATION FLIGHTS   |                        |   |  |  |   |                 |
| C 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)  |                        |   |  |  |   |                 |
| III. OWNER'S CERTIFICATION   |                        |   |  |  |   |                 |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration) IF DEALER, CHECK HERE →   |                        |   |  |  |   |                 |
| NAME<br>Flight Corp.   |                        |   | ADDRESS<br>10 Lane Ave., Doby, TX 78907  |  |   |                 |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                        |   |  |  |   |                 |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>3A12  |                        |   | <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2002-12 |  |   |                 |
| AIRCRAFT LISTING (Give page number(s))<br>N/A  |                        |   | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |  |   |                 |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                        |   |  |  |   |                 |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417  |                        |   | TOTAL AIRFRAME HOURS<br>10   |  | 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |                 |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                        |   |  |  |   |                 |
| DATE OF APPLICATION<br>06/20/2002  |                        |   | NAME AND TITLE (Print or type)<br>Joe Quality, Director, QA  |  | SIGNATURE<br><i>Joe Quality</i>   |                 |
| IV. INSPECTION AGENCY VERIFICATION   |                        |   |  |  |   |                 |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(t) applies)  |                        |   |  |  |   |                 |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)  |                        | 3 CERTIFICATED MECHANIC (Give Certificate No.)              |  | 6 CERTIFICATED REPAIR STATION (Give Certificate No.)           |   |                 |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)  |                        |   |  |  |   |                 |
| DATE   |                        | TITLE   |  |  | SIGNATURE   |                 |
| V. FAA REPRESENTATIVE CERTIFICATION  |                        |   |  |  |   |                 |
| (Check ALL applicable block items A and B)   |                        |   |  |  |   |                 |
| A. I find that the aircraft described in Section I or VII meets requirements for   |                        |   |  | 4 THE CERTIFICATE REQUESTED                                    |   |                 |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                        |   |  | AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE |   |                 |
| FAA INSPECTOR  |                        | FAA DESIGNEE  |  |  |   |                 |
| CERTIFICATE HOLDER UNDER   |                        | 14 CFR part 65  |  | 14 CFR part 121 OR 135   |   | 14 CFR part 145 |
| DATE   | MIDO/FSDO OFFICE       | 4 FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. |  | 1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE          |   |                 |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-2. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Standard – New Aircraft Produced in the Transport Category (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
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| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |                                 | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>     |   |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>I. AIRCRAFT DESCRIPTION</b>  | 1. REGISTRATION MARK<br>N12345  |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>The Boeing Company |  | 3. AIRCRAFT MODEL DESIGNATION<br>737-800  | 4. YR. MFR.<br>2010   | FAA CODING                                      |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   | 5. AIRCRAFT SERIAL NO.<br>19714 |   | 6. ENGINE BUILDER'S NAME (Make)<br>CFM International    |  | 7. ENGINE MODEL DESIGNATION<br>CFM56-7B26   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   | 8. NUMBER OF ENGINES<br>2       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>N/A               |  | 10. PROPELLER MODEL DESIGNATION<br>N/A  |   | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"><b>A</b></td> <td style="width: 5%;"><b>1</b></td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 45%;">STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">NORMAL</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">UTILITY</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">ACROBATIC</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 5%;">TRANSPORT</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">COMMUTER</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">BALLOON</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">OTHER</td> </tr> </table>   |                                 |   |   |  |   |   |   | <b>A</b>                  | <b>1</b>  | <input checked="" type="checkbox"/> | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) | <input type="checkbox"/> | NORMAL                   | <input type="checkbox"/> | UTILITY | <input type="checkbox"/> | ACROBATIC                | <input checked="" type="checkbox"/> | TRANSPORT                | <input type="checkbox"/> | COMMUTER                 | <input type="checkbox"/> | BALLOON                  | <input type="checkbox"/> | OTHER                    |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>A</b>  | <b>1</b>                        | <input checked="" type="checkbox"/>                       | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)  | <input type="checkbox"/>   | NORMAL  | <input type="checkbox"/>  | UTILITY   | <input type="checkbox"/>  | ACROBATIC   | <input checked="" type="checkbox"/> | TRANSPORT  | <input type="checkbox"/> | COMMUTER                 | <input type="checkbox"/> | BALLOON | <input type="checkbox"/> | OTHER                    |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>B</b> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"><b>7</b></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 45%;">PRIMARY</td> <td colspan="5"></td> </tr> <tr> <td style="width: 5%;"><b>9</b></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">LIGHT-SPORT (Indicate Class)</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Airplane</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Power-Parachute</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Weight-Shift-Control</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Glider</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Lighter than Air</td> </tr> <tr> <td style="width: 5%;"><b>2</b></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 45%;">LIMITED</td> <td colspan="5"></td> </tr> <tr> <td style="width: 5%;"><b>5</b></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">PROVISIONAL (Indicate class)</td> <td style="width: 5%;"><b>1</b></td> <td style="width: 40%;">CLASS I</td> <td style="width: 5%;"><b>2</b></td> <td style="width: 40%;">CLASS II</td> <td colspan="10"></td> </tr> <tr> <td style="width: 5%;"><b>3</b></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">RESTRICTED (Indicate operation(s) to be conducted)</td> <td style="width: 5%;"><b>1</b></td> <td style="width: 20%;">AGRICULTURE AND PEST CONTROL</td> <td style="width: 5%;"><b>2</b></td> <td style="width: 20%;">AERIAL SURVEY</td> <td style="width: 5%;"><b>3</b></td> <td style="width: 20%;">AERIAL ADVERTISING</td> <td style="width: 5%;"><b>4</b></td> <td style="width: 20%;">FOREST (Wildlife conservation)</td> <td style="width: 5%;"><b>5</b></td> <td style="width: 20%;">PATROLLING</td> <td style="width: 5%;"><b>6</b></td> <td style="width: 20%;">WEATHER CONTROL</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"><b>0</b> OTHER (Specify)</td> <td colspan="3"></td> <td colspan="5"></td> </tr> <tr> <td style="width: 5%;"><b>4</b></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td style="width: 5%;"><b>1</b></td> <td style="width: 20%;">RESEARCH AND DEVELOPMENT</td> <td style="width: 5%;"><b>2</b></td> <td style="width: 20%;">AMATEUR BUILT</td> <td style="width: 5%;"><b>3</b></td> <td style="width: 20%;">EXHIBITION</td> <td style="width: 5%;"><b>4</b></td> <td style="width: 20%;">AIR RACING</td> <td style="width: 5%;"><b>5</b></td> <td style="width: 20%;">CREW TRAINING</td> <td style="width: 5%;"><b>6</b></td> <td style="width: 20%;">MARKET SURVEY</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>0</b></td> <td colspan="4">TO SHOW COMPLIANCE WITH THE CFR</td> <td style="width: 5%;"><b>7</b></td> <td colspan="4">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>8</b></td> <td style="width: 5%;">OPERATING LIGHT-SPORT</td> <td style="width: 5%;"><b>8A</b></td> <td colspan="3">Existing aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> <td colspan="4"></td> </tr> <tr> <td colspan="3"></td> <td colspan="5"></td> <td style="width: 5%;"><b>8B</b></td> <td colspan="4">Operating Light-Sport Kit-built</td> </tr> <tr> <td colspan="3"></td> <td colspan="5"></td> <td style="width: 5%;"><b>8C</b></td> <td colspan="4">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>9</b></td> <td style="width: 5%;">UNMANNED AIRCRAFT</td> <td style="width: 5%;"><b>9A</b></td> <td colspan="3">RESEARCH AND DEVELOPMENT</td> <td style="width: 5%;"><b>9C</b></td> <td colspan="3">CREW TRAINING</td> </tr> <tr> <td colspan="3"></td> <td colspan="5"></td> <td style="width: 5%;"><b>9B</b></td> <td colspan="4">MARKET SURVEY</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>1</b></td> <td colspan="4">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> <td colspan="4"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>2</b></td> <td colspan="4">EVACUATE FROM AREA OF IMPENDING DANGER</td> <td colspan="4"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>3</b></td> <td colspan="4">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> <td colspan="4"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>4</b></td> <td colspan="3">DELIVERING OR EXPORTING</td> <td style="width: 5%;"><b>5</b></td> <td colspan="3">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;"><b>6</b></td> <td colspan="4">CUSTOMER DEMONSTRATION FLIGHTS</td> <td colspan="4"></td> </tr> </table> |                                 |   |   |  |   |   |   | <b>7</b>                  | <input type="checkbox"/>  | PRIMARY                             |  |                          |                          |                          |         | <b>9</b>                 | <input type="checkbox"/> | LIGHT-SPORT (Indicate Class)        | <input type="checkbox"/> | Airplane                 | <input type="checkbox"/> | Power-Parachute          | <input type="checkbox"/> | Weight-Shift-Control     | <input type="checkbox"/> | <input type="checkbox"/> | Glider | <input type="checkbox"/> | <input type="checkbox"/> | Lighter than Air | <b>2</b> | <input type="checkbox"/> | LIMITED |  |  |  |  |  | <b>5</b> | <input type="checkbox"/> | PROVISIONAL (Indicate class) | <b>1</b> | CLASS I | <b>2</b> | CLASS II |  |  |  |  |  |  |  |  |  |  | <b>3</b> | <input type="checkbox"/> | RESTRICTED (Indicate operation(s) to be conducted) | <b>1</b> | AGRICULTURE AND PEST CONTROL | <b>2</b> | AERIAL SURVEY | <b>3</b> | AERIAL ADVERTISING | <b>4</b> | FOREST (Wildlife conservation) | <b>5</b> | PATROLLING | <b>6</b> | WEATHER CONTROL |  |  |  |  |  | <b>0</b> OTHER (Specify) |  |  |  |  |  |  |  |  |  | <b>4</b> | <input type="checkbox"/> | EXPERIMENTAL (Indicate operation(s) to be conducted) | <b>1</b> | RESEARCH AND DEVELOPMENT | <b>2</b> | AMATEUR BUILT | <b>3</b> | EXHIBITION | <b>4</b> | AIR RACING | <b>5</b> | CREW TRAINING | <b>6</b> | MARKET SURVEY |  |  |  |  |  | <b>0</b> | TO SHOW COMPLIANCE WITH THE CFR |  |  |  | <b>7</b> | OPERATING (Primary Category) KIT BUILT AIRCRAFT |  |  |  |  |  |  |  |  | <b>8</b> | OPERATING LIGHT-SPORT | <b>8A</b> | Existing aircraft without an airworthiness certificate & do not meet § 103.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>8B</b> | Operating Light-Sport Kit-built |  |  |  |  |  |  |  |  |  |  |  | <b>8C</b> | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |  |  |  |  | <b>9</b> | UNMANNED AIRCRAFT | <b>9A</b> | RESEARCH AND DEVELOPMENT |  |  | <b>9C</b> | CREW TRAINING |  |  |  |  |  |  |  |  |  |  | <b>9B</b> | MARKET SURVEY |  |  |  |  |  |  | <b>1</b> | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE |  |  |  |  |  |  |  |  |  |  | <b>2</b> | EVACUATE FROM AREA OF IMPENDING DANGER |  |  |  |  |  |  |  |  |  |  | <b>3</b> | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  |  |  |  |  |  |  | <b>4</b> | DELIVERING OR EXPORTING |  |  | <b>5</b> | PRODUCTION FLIGHT TESTING |  |  |  |  |  | <b>6</b> | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |  |  |  |
| <b>7</b>  | <input type="checkbox"/>        | PRIMARY   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>9</b>  | <input type="checkbox"/>        | LIGHT-SPORT (Indicate Class)                              | <input type="checkbox"/>                                | Airplane   | <input type="checkbox"/>  | Power-Parachute   | <input type="checkbox"/>                        | Weight-Shift-Control      | <input type="checkbox"/>  | <input type="checkbox"/>            | Glider   | <input type="checkbox"/> | <input type="checkbox"/> | Lighter than Air         |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>2</b>  | <input type="checkbox"/>        | LIMITED   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>5</b>  | <input type="checkbox"/>        | PROVISIONAL (Indicate class)                              | <b>1</b>  | CLASS I  | <b>2</b>  | CLASS II  |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>3</b>  | <input type="checkbox"/>        | RESTRICTED (Indicate operation(s) to be conducted)        | <b>1</b>  | AGRICULTURE AND PEST CONTROL   | <b>2</b>  | AERIAL SURVEY   | <b>3</b>  | AERIAL ADVERTISING        | <b>4</b>  | FOREST (Wildlife conservation)      | <b>5</b>   | PATROLLING               | <b>6</b>                 | WEATHER CONTROL          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>0</b> OTHER (Specify)                                |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>4</b>  | <input type="checkbox"/>        | EXPERIMENTAL (Indicate operation(s) to be conducted)      | <b>1</b>  | RESEARCH AND DEVELOPMENT   | <b>2</b>  | AMATEUR BUILT   | <b>3</b>  | EXHIBITION                | <b>4</b>  | AIR RACING                          | <b>5</b>   | CREW TRAINING            | <b>6</b>                 | MARKET SURVEY            |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>0</b>  | TO SHOW COMPLIANCE WITH THE CFR  |   |   |   | <b>7</b>                  | OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>8</b>  | OPERATING LIGHT-SPORT  | <b>8A</b>   | Existing aircraft without an airworthiness certificate & do not meet § 103.1            |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   |   |  |   |   |   | <b>8B</b>                 | Operating Light-Sport Kit-built   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   |   |  |   |   |   | <b>8C</b>                 | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>9</b>  | UNMANNED AIRCRAFT  | <b>9A</b>   | RESEARCH AND DEVELOPMENT  |   |                           | <b>9C</b>   | CREW TRAINING                       |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   |   |  |   |   |   | <b>9B</b>                 | MARKET SURVEY   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>1</b>  | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>2</b>  | EVACUATE FROM AREA OF IMPENDING DANGER   |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>3</b>  | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>4</b>  | DELIVERING OR EXPORTING  |   |   | <b>5</b>  | PRODUCTION FLIGHT TESTING |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   | <b>6</b>  | CUSTOMER DEMONSTRATION FLIGHTS   |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>C</b> <b>8</b> MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>III. OWNER'S CERTIFICATION</b>   |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>A. REGISTERED OWNER</b> (As shown on certificate of aircraft registration)   |                                 |   |   | <b>IF DEALER, CHECK HERE</b> →   |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| NAME<br>Shorthaul Airlines, Inc.  |                                 |   |   | ADDRESS<br>111 Airport Way, St. Louis MO 58010   |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>B. AIRCRAFT CERTIFICATION BASIS</b> (Check applicable blocks and complete items as indicated)  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>A16WE Rev 45   |                                 |   |   | <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2010-04 |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| AIRCRAFT LISTING (Give page number(s))<br>N/A   |                                 |   |   | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</b>  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417   |                                 |   |   | TOTAL AIRFRAME HOURS<br>80   |   | <b>3</b> EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>D. CERTIFICATION</b> - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| DATE OF APPLICATION<br>02/23/2010   |                                 |   |   | NAME AND TITLE (Print or type)<br>John Doe, Vice President   |   | SIGNATURE<br><i>John Doe</i>  |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>IV. INSPECTION AGENCY VERIFICATION</b>   |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY:</b> (Complete the section only if 14 CFR part 21.183(i) applies)  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>2</b>  |                                 | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) |   | <b>3</b>   |   | CERTIFICATED MECHANIC (Give Certificate No.)  |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>5</b>  |                                 | AIRCRAFT MANUFACTURER (Give name or firm)                 |   | <b>6</b>   |   | CERTIFICATED REPAIR STATION (Give Certificate No.)                                      |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| DATE  |                                 | TITLE   |   |  |   | SIGNATURE   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>V. FAA REPRESENTATIVE CERTIFICATION</b>  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| (Check ALL applicable block items A and B)  |                                 |   |   |  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>A.</b> I find that the aircraft described in Section I or VII meets requirements for   |                                 |   |   | <b>4</b> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |   |   |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| <b>B.</b> Inspection for a special flight permit under Section VII was conducted by:  |                                 |   |   | FAA INSPECTOR  |   | FAA DESIGNEE  |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
|   |                                 |   |   | CERTIFICATE HOLDER UNDER   |   | 14 CFR part 65    14 CFR part 121 OR 135    14 CFR part 145                             |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |
| DATE  |                                 | MIDO/FSDO OFFICE  |   | <b>4</b> FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.   |   | <b>1</b> FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE                            |   |                           |   |                                     |  |                          |                          |                          |         |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |        |                          |                          |                  |          |                          |         |  |  |  |  |  |          |                          |                              |          |         |          |          |  |  |  |  |  |  |  |  |  |  |          |                          |  |          |                              |          |               |          |                    |          |                                |          |            |          |                 |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |          |                          |  |          |                          |          |               |          |            |          |            |          |               |          |               |  |  |  |  |  |          |                                 |  |  |  |          |   |  |  |  |  |  |  |  |  |          |                       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                                 |  |  |  |  |  |  |  |  |  |  |  |           |   |  |  |  |  |  |  |          |                   |           |                          |  |  |           |               |  |  |  |  |  |  |  |  |  |  |           |               |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |          |                         |  |  |          |                           |  |  |  |  |  |          |                                |  |  |  |  |  |  |  |

**Figure D-3. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Standard – Used Aircraft in the Transport Category (No Previous U.S. Airworthiness Certificate Issued) (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
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|  <p>U.S. Department of Transportation<br/><b>Federal Aviation Administration</b></p>   |                                 | <p><b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b></p>  |   |   | <p><b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable.</p> |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N12345  |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Douglas            |   | 3. AIRCRAFT MODEL DESIGNATION<br>DC-6A   | 4. YR. MFR<br>1952  | FAA CODING                                      |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   | 5. AIRCRAFT SERIAL NO.<br>43218 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Pratt & Whitney      |   | 7. ENGINE MODEL DESIGNATION<br>CB-16   |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   | 8. NUMBER OF ENGINES<br>4       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>Hamilton Standard |   | 10. PROPELLER MODEL DESIGNATION<br>43E60-300   |   | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">A</td> <td style="width: 5%;">1</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 45%;">STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)</td> <td style="width: 5%;">NORMAL</td> <td style="width: 5%;">UTILITY</td> <td style="width: 5%;">ACROBATIC</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 5%;">TRANSPORT</td> <td style="width: 5%;">COMMUTER</td> <td style="width: 5%;">BALLOON</td> <td style="width: 5%;">OTHER</td> </tr> </table>   |                                 |   |   |   |  |   |   | A   | 1                        | <input checked="" type="checkbox"/>                         | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) | NORMAL          | UTILITY | ACROBATIC | <input checked="" type="checkbox"/> | TRANSPORT | COMMUTER | BALLOON | OTHER |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| A   | 1                               | <input checked="" type="checkbox"/>   | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)  | NORMAL  | UTILITY  | ACROBATIC   | <input checked="" type="checkbox"/>             | TRANSPORT   | COMMUTER                 | BALLOON   | OTHER  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| B   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">7</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">PRIMARY</td> <td colspan="9"></td> </tr> <tr> <td style="width: 5%;">9</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">LIGHT-SPORT (Indicate Class)</td> <td style="width: 10%;">Airplane</td> <td style="width: 10%;">Power-Parachute</td> <td style="width: 10%;">Weight-Shift-Control</td> <td style="width: 10%;">Glider</td> <td style="width: 10%;">Lighter than Air</td> <td colspan="4"></td> </tr> <tr> <td style="width: 5%;">2</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">LIMITED</td> <td colspan="9"></td> </tr> <tr> <td style="width: 5%;">5</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">PROVISIONAL (Indicate class)</td> <td colspan="9"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">1</td> <td colspan="3">CLASS I</td> <td colspan="5"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">2</td> <td colspan="3">CLASS II</td> <td colspan="5"></td> </tr> <tr> <td style="width: 5%;">3</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">RESTRICTED (Indicate operation(s) to be conducted)</td> <td colspan="9"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">1</td> <td colspan="2">AGRICULTURE AND PEST CONTROL</td> <td style="width: 5%;">2</td> <td colspan="2">AERIAL SURVEY</td> <td style="width: 5%;">3</td> <td colspan="2">AERIAL ADVERTISING</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">4</td> <td colspan="3">FOREST (Wildlife conservation)</td> <td style="width: 5%;">5</td> <td colspan="2">PATROLLING</td> <td style="width: 5%;">6</td> <td colspan="2">WEATHER CONTROL</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">0</td> <td colspan="3">OTHER (Specify)</td> <td colspan="5"></td> </tr> <tr> <td style="width: 5%;">4</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td colspan="9"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">1</td> <td colspan="3">RESEARCH AND DEVELOPMENT</td> <td style="width: 5%;">2</td> <td colspan="2">AMATEUR BUILT</td> <td style="width: 5%;">3</td> <td colspan="2">EXHIBITION</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">4</td> <td colspan="3">AIR RACING</td> <td style="width: 5%;">5</td> <td colspan="2">CREW TRAINING</td> <td style="width: 5%;">6</td> <td colspan="2">MARKET SURVEY</td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">0</td> <td colspan="3">TO SHOW COMPLIANCE WITH THE CFR</td> <td style="width: 5%;">7</td> <td colspan="2">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td style="width: 5%;">8</td> <td colspan="3">OPERATING LIGHT-SPORT</td> <td colspan="5"></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td style="width: 5%;">8A</td> <td colspan="6">Existing aircraft without an airworthiness certificate &amp; 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OWNER'S CERTIFICATION</td> <td colspan="4">IF DEALER, CHECK HERE →</td> </tr> <tr> <td colspan="4">A. REGISTERED OWNER (As shown on certificate of aircraft registration)</td> <td colspan="4">NAME</td> <td colspan="4">ADDRESS</td> </tr> <tr> <td colspan="4"></td> <td colspan="4">Tiger Aviation Corp.</td> <td colspan="4">234 Jane Ave., Jackson, MS 78965</td> </tr> <tr> <td colspan="8">B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/></td> <td colspan="4">AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)</td> <td colspan="4">63A Rev. 26</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/></td> <td colspan="4">AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)</td> <td colspan="4">2010-02</td> </tr> <tr> <td colspan="4"><input type="checkbox"/></td> <td colspan="4">AIRCRAFT LISTING (Give page number(s))</td> <td colspan="4">N/A</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/></td> <td colspan="4">SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)</td> <td colspan="4">SA2-414; SA2-567; SA4-532; SA2231</td> </tr> <tr> <td colspan="8">C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/></td> <td colspan="4">CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417</td> <td colspan="4">TOTAL AIRFRAME HOURS<br/>12347</td> </tr> <tr> <td colspan="4"><input type="checkbox"/></td> <td colspan="4">EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)</td> <td colspan="4">3</td> </tr> <tr> <td colspan="12">D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.</td> </tr> <tr> <td colspan="4">DATE OF APPLICATION<br/>01/31/2010</td> <td colspan="4">NAME AND TITLE (Print or type)<br/>John Doe, President</td> <td colspan="4">SIGNATURE<br/>John Doe</td> </tr> <tr> <td colspan="8">IV. INSPECTION AGENCY VERIFICATION</td> <td colspan="4">A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(t) applies)</td> </tr> <tr> <td colspan="2">2</td> <td colspan="2"><input type="checkbox"/></td> <td colspan="2">14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)</td> <td colspan="2">3</td> <td colspan="2"><input type="checkbox"/></td> <td colspan="2">CERTIFICATED MECHANIC (Give Certificate No.)</td> </tr> <tr> <td colspan="2">5</td> <td colspan="2"><input type="checkbox"/></td> <td colspan="2">AIRCRAFT MANUFACTURER (Give name or firm)</td> <td colspan="2">6</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2">CERTIFICATED REPAIR STATION (Give Certificate No.) AA11BB22</td> </tr> <tr> <td colspan="4">DATE<br/>02/23/2010</td> <td colspan="4">TITLE<br/>David E. Jones, Manager</td> <td colspan="4">SIGNATURE<br/>David E. Jones</td> </tr> <tr> <td colspan="8">V. FAA REPRESENTATIVE CERTIFICATION</td> <td colspan="4"></td> </tr> <tr> <td colspan="8">(Check ALL applicable block items A and B)</td> <td colspan="4"></td> </tr> <tr> <td colspan="8">A. I find that the aircraft described in Section I or VII meets requirements for</td> <td colspan="4">4</td> </tr> <tr> <td colspan="8"></td> <td colspan="4">AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE</td> </tr> <tr> <td colspan="8">B. Inspection for a special flight permit under Section VII was conducted by:</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">FAA INSPECTOR</td> <td colspan="4">FAA DESIGNEE</td> </tr> <tr> <td colspan="4"></td> <td colspan="4">CERTIFICATE HOLDER UNDER</td> <td colspan="2">14 CFR part 65</td> <td colspan="2">14 CFR part 121 OR 135</td> <td colspan="2">14 CFR part 145</td> </tr> <tr> <td colspan="2">DATE</td> <td colspan="2">MIDO/FSDO OFFICE</td> <td colspan="4">4</td> <td colspan="4">FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.</td> </tr> <tr> <td colspan="4"></td> <td colspan="4">1</td> <td colspan="4">FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE</td> </tr> </table> |                                 |   |   |   |  |   |   | 7   | <input type="checkbox"/> | PRIMARY   |  |                 |         |           |                                     |           |          |         |       | 9 | <input type="checkbox"/> | LIGHT-SPORT (Indicate Class) | Airplane | Power-Parachute | Weight-Shift-Control | Glider | Lighter than Air |  |  |  |  | 2 | <input type="checkbox"/> | LIMITED |  |  |  |  |  |  |  |  |  | 5 | <input type="checkbox"/> | PROVISIONAL (Indicate class) |  |  |  |  |  |  |  |  |  |  |  |  | 1 | CLASS I |  |  |  |  |  |  |  |  |  |  | 2 | CLASS II |  |  |  |  |  |  |  | 3 | <input type="checkbox"/> | RESTRICTED (Indicate operation(s) to be conducted) |  |  |  |  |  |  |  |  |  |  |  |  | 1 | AGRICULTURE AND PEST CONTROL |  | 2 | AERIAL SURVEY |  | 3 | AERIAL ADVERTISING |  |  |  |  | 4 | FOREST (Wildlife conservation) |  |  | 5 | PATROLLING |  | 6 | WEATHER CONTROL |  |  |  |  | 0 | OTHER (Specify) |  |  |  |  |  |  |  | 4 | <input type="checkbox"/> | EXPERIMENTAL (Indicate operation(s) to be conducted) |  |  |  |  |  |  |  |  |  |  |  |  | 1 | RESEARCH AND DEVELOPMENT |  |  | 2 | AMATEUR BUILT |  | 3 | EXHIBITION |  |  |  |  | 4 | AIR RACING |  |  | 5 | CREW TRAINING |  | 6 | MARKET SURVEY |  |  |  |  | 0 | TO SHOW COMPLIANCE WITH THE CFR |  |  | 7 | OPERATING (Primary Category) KIT BUILT AIRCRAFT |  |  |  |  |  |  |  | 8 | OPERATING LIGHT-SPORT |  |  |  |  |  |  |  |  |  |  |  |  | 8A | Existing aircraft without an airworthiness certificate & do not meet § 103.1 |  |  |  |  |  |  |  |  |  |  | 8B | Operating Light-Sport Kit-built |  |  |  |  |  |  |  |  |  |  | 8C | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |  |  |  |  |  |  | 9 | UNMANNED AIRCRAFT |  |  | 9A | RESEARCH AND DEVELOPMENT |  | 9C | CREW TRAINING |  |  |  |  | 9B | MARKET SURVEY |  |  |  |  |  |  |  | 6 | <input type="checkbox"/> | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) |  |  |  |  |  |  |  |  |  |  |  |  | 1 | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE |  |  |  |  |  |  |  |  |  |  | 2 | EVACUATE FROM AREA OF IMPENDING DANGER |  |  |  |  |  |  |  |  |  |  | 3 | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  |  |  |  |  |  |  | 4 | DELIVERING OR EXPORTING |  |  | 5 | PRODUCTION FLIGHT TESTING |  |  |  |  |  |  | 6 | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |  |  |  | C |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  |  |  |  |  | MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable) |  |  |  | III. 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AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated) |  |  |  |  |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> |  |  |  | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) |  |  |  | 63A Rev. 26 |  |  |  | <input checked="" type="checkbox"/> |  |  |  | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |  |  |  | 2010-02 |  |  |  | <input type="checkbox"/> |  |  |  | AIRCRAFT LISTING (Give page number(s)) |  |  |  | N/A |  |  |  | <input checked="" type="checkbox"/> |  |  |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) |  |  |  | SA2-414; SA2-567; SA4-532; SA2231 |  |  |  | C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS |  |  |  |  |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> |  |  |  | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417 |  |  |  | TOTAL AIRFRAME HOURS<br>12347 |  |  |  | <input type="checkbox"/> |  |  |  | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |  |  |  | 3 |  |  |  | D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |  |  |  |  |  |  |  |  |  |  |  | DATE OF APPLICATION<br>01/31/2010 |  |  |  | NAME AND TITLE (Print or type)<br>John Doe, President |  |  |  | SIGNATURE<br>John Doe |  |  |  | IV. INSPECTION AGENCY VERIFICATION |  |  |  |  |  |  |  | A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(t) applies) |  |  |  | 2 |  | <input type="checkbox"/> |  | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) |  | 3 |  | <input type="checkbox"/> |  | CERTIFICATED MECHANIC (Give Certificate No.) |  | 5 |  | <input type="checkbox"/> |  | AIRCRAFT MANUFACTURER (Give name or firm) |  | 6 |  | <input checked="" type="checkbox"/> |  | CERTIFICATED REPAIR STATION (Give Certificate No.) AA11BB22 |  | DATE<br>02/23/2010 |  |  |  | TITLE<br>David E. Jones, Manager |  |  |  | SIGNATURE<br>David E. Jones |  |  |  | V. FAA REPRESENTATIVE CERTIFICATION |  |  |  |  |  |  |  |  |  |  |  | (Check ALL applicable block items A and B) |  |  |  |  |  |  |  |  |  |  |  | A. I find that the aircraft described in Section I or VII meets requirements for |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  | AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE |  |  |  | B. Inspection for a special flight permit under Section VII was conducted by: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | FAA INSPECTOR |  |  |  | FAA DESIGNEE |  |  |  |  |  |  |  | CERTIFICATE HOLDER UNDER |  |  |  | 14 CFR part 65 |  | 14 CFR part 121 OR 135 |  | 14 CFR part 145 |  | DATE |  | MIDO/FSDO OFFICE |  | 4 |  |  |  | FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. |  |  |  |  |  |  |  | 1 |  |  |  | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |  |  |  |
| 7   | <input type="checkbox"/>        | PRIMARY   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 9   | <input type="checkbox"/>        | LIGHT-SPORT (Indicate Class)  | Airplane  | Power-Parachute   | Weight-Shift-Control   | Glider  | Lighter than Air                                |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 2   | <input type="checkbox"/>        | LIMITED   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 5   | <input type="checkbox"/>        | PROVISIONAL (Indicate class)  |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 1   | CLASS I   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 2   | CLASS II  |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 3   | <input type="checkbox"/>        | RESTRICTED (Indicate operation(s) to be conducted)  |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 1   | AGRICULTURE AND PEST CONTROL  |  | 2   | AERIAL SURVEY                                   |   | 3                        | AERIAL ADVERTISING  |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 4   | FOREST (Wildlife conservation)  |  |   | 5   | PATROLLING  |                          | 6   | WEATHER CONTROL  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 0   | OTHER (Specify)   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 4   | <input type="checkbox"/>        | EXPERIMENTAL (Indicate operation(s) to be conducted)  |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 1   | RESEARCH AND DEVELOPMENT  |  |   | 2   | AMATEUR BUILT   |                          | 3   | EXHIBITION   |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 4   | AIR RACING  |  |   | 5   | CREW TRAINING   |                          | 6   | MARKET SURVEY  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 0   | TO SHOW COMPLIANCE WITH THE CFR   |  |   | 7   | OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 8   | OPERATING LIGHT-SPORT   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   |   | 8A   | Existing aircraft without an airworthiness certificate & do not meet § 103.1                                  |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   |   | 8B   | Operating Light-Sport Kit-built   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   |   | 8C   | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 9   | UNMANNED AIRCRAFT   |  |   | 9A  | RESEARCH AND DEVELOPMENT  |                          | 9C  | CREW TRAINING  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 9B  | MARKET SURVEY   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 6   | <input type="checkbox"/>        | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 1   | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE  |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 2   | EVACUATE FROM AREA OF IMPENDING DANGER  |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 3   | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 4   | DELIVERING OR EXPORTING   |  |   | 5   | PRODUCTION FLIGHT TESTING   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   | 6   | CUSTOMER DEMONSTRATION FLIGHTS  |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| C   |                                 |   |   |   |  |   |   | 8   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   |   |  |   |   | MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)                        |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| III. OWNER'S CERTIFICATION  |                                 |   |   |   |  |   |   | IF DEALER, CHECK HERE →   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration)  |                                 |   |   | NAME  |  |   |   | ADDRESS   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   | Tiger Aviation Corp.  |  |   |   | 234 Jane Ave., Jackson, MS 78965  |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <input checked="" type="checkbox"/>   |                                 |   |   | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)   |  |   |   | 63A Rev. 26   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <input checked="" type="checkbox"/>   |                                 |   |   | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |  |   |   | 2010-02   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>  |                                 |   |   | AIRCRAFT LISTING (Give page number(s))  |  |   |   | N/A   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <input checked="" type="checkbox"/>   |                                 |   |   | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)  |  |   |   | SA2-414; SA2-567; SA4-532; SA2231   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <input checked="" type="checkbox"/>   |                                 |   |   | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417   |  |   |   | TOTAL AIRFRAME HOURS<br>12347   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>  |                                 |   |   | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |  |   |   | 3   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.  |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| DATE OF APPLICATION<br>01/31/2010   |                                 |   |   | NAME AND TITLE (Print or type)<br>John Doe, President   |  |   |   | SIGNATURE<br>John Doe   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| IV. INSPECTION AGENCY VERIFICATION  |                                 |   |   |   |  |   |   | A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(t) applies) |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 2   |                                 | <input type="checkbox"/>  |   | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)   |  | 3   |   | <input type="checkbox"/>  |                          | CERTIFICATED MECHANIC (Give Certificate No.)                |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 5   |                                 | <input type="checkbox"/>  |   | AIRCRAFT MANUFACTURER (Give name or firm)   |  | 6   |   | <input checked="" type="checkbox"/>   |                          | CERTIFICATED REPAIR STATION (Give Certificate No.) AA11BB22 |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| DATE<br>02/23/2010  |                                 |   |   | TITLE<br>David E. Jones, Manager  |  |   |   | SIGNATURE<br>David E. Jones   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| V. FAA REPRESENTATIVE CERTIFICATION   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| (Check ALL applicable block items A and B)  |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| A. I find that the aircraft described in Section I or VII meets requirements for  |                                 |   |   |   |  |   |   | 4   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   |   |  |   |   | AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| B. Inspection for a special flight permit under Section VII was conducted by:   |                                 |   |   |   |  |   |   |   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   | FAA INSPECTOR   |  |   |   | FAA DESIGNEE  |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   | CERTIFICATE HOLDER UNDER  |  |   |   | 14 CFR part 65  |                          | 14 CFR part 121 OR 135                                      |  | 14 CFR part 145 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| DATE  |                                 | MIDO/FSDO OFFICE  |   | 4   |  |   |   | FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|   |                                 |   |   | 1   |  |   |   | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE   |                          |   |  |                 |         |           |                                     |           |          |         |       |   |                          |                              |          |                 |                      |        |                  |  |  |  |  |   |                          |         |  |  |  |  |  |  |  |  |  |   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                              |  |   |               |  |   |                    |  |  |  |  |   |                                |  |  |   |            |  |   |                 |  |  |  |  |   |                 |  |  |  |  |  |  |  |   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                          |  |  |   |               |  |   |            |  |  |  |  |   |            |  |  |   |               |  |   |               |  |  |  |  |   |                                 |  |  |   |   |  |  |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |   |                   |  |  |    |                          |  |    |               |  |  |  |  |    |               |  |  |  |  |  |  |  |   |                          |   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |                         |  |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |      |  |  |  |         |  |  |  |  |  |  |  |                      |  |  |  |                                  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |             |  |  |  |                                     |  |  |  |   |  |  |  |         |  |  |  |                          |  |  |  |  |  |  |  |     |  |  |  |                                     |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |                               |  |  |  |                          |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |   |  |  |  |                       |  |  |  |                                    |  |  |  |  |  |  |  |   |  |  |  |   |  |                          |  |   |  |   |  |                          |  |  |  |   |  |                          |  |   |  |   |  |                                     |  |   |  |                    |  |  |  |                                  |  |  |  |                             |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |              |  |  |  |  |  |  |  |                          |  |  |  |                |  |                        |  |                 |  |      |  |                  |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |



**Figure D-5. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Standard – Surplus U.S. Military Aircraft Under § 21.183(d) (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                |   |  |  |   |   |
|---|--------------------------------|---|--|--|---|---|
|  U.S. Department of Transportation<br><b>Federal Aviation Administration</b>   |                                | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>                   |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |   |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N34562 |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Hughes Aircraft Company |  | 3. AIRCRAFT MODEL DESIGNATION<br>369A (OH-6A)   |   |
|   | 5. AIRCRAFT SERIAL NO.<br>1332 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Allison Engine Company    |  | 7. ENGINE MODEL DESIGNATION<br>250-C10B   |   |
|   | 8. NUMBER OF ENGINES<br>1      |   | 9. PROPELLER BUILDER'S NAME (Make)<br>N/A                    |  | 10. PROPELLER MODEL DESIGNATION<br>N/A  |   |
| 11. AIRCRAFT IS (Check if applicable)<br><input type="checkbox"/> EXPORT <input checked="" type="checkbox"/> IMPORT   |                                |   |  |  |   |   |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |                                |   |  |  |   |   |
| A <input checked="" type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER  |                                |   |  |  |   |   |
| B SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                |   |  |  |   |   |
| 7 <input type="checkbox"/> PRIMARY  |                                |   |  |  |   |   |
| 9 <input type="checkbox"/> LIGHT-SPORT (Indicate Class) <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                                |   |  |  |   |   |
| 2 <input type="checkbox"/> LIMITED  |                                |   |  |  |   |   |
| 5 <input type="checkbox"/> PROVISIONAL (Indicate class) <input type="checkbox"/> 1 CLASS I <input type="checkbox"/> 2 CLASS II  |                                |   |  |  |   |   |
| 3 <input type="checkbox"/> RESTRICTED (Indicate operation(s) to be conducted) <input type="checkbox"/> 1 AGRICULTURE AND PEST CONTROL <input type="checkbox"/> 2 AERIAL SURVEY <input type="checkbox"/> 3 AERIAL ADVERTISING <input type="checkbox"/> 4 FOREST (Wildlife conservation) <input type="checkbox"/> 5 PATROLLING <input type="checkbox"/> 6 WEATHER CONTROL <input type="checkbox"/> 0 OTHER (Specify)  |                                |   |  |  |   |   |
| 4 <input type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted) <input type="checkbox"/> 1 RESEARCH AND DEVELOPMENT <input type="checkbox"/> 2 AMATEUR BUILT <input type="checkbox"/> 3 EXHIBITION <input type="checkbox"/> 4 AIR RACING <input type="checkbox"/> 5 CREW TRAINING <input type="checkbox"/> 6 MARKET SURVEY <input type="checkbox"/> 0 TO SHOW COMPLIANCE WITH THE CFR <input type="checkbox"/> 7 OPERATING (Primary Category) KIT BUILT AIRCRAFT  |                                |   |  |  |   |   |
| 8 <input type="checkbox"/> OPERATING LIGHT-SPORT <input type="checkbox"/> 8A Existing aircraft without an airworthiness certificate & do not meet § 103.1 <input type="checkbox"/> 8B Operating Light-Sport Kit-built <input type="checkbox"/> 8C Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190   |                                |   |  |  |   |   |
| 9 <input type="checkbox"/> UNMANNED AIRCRAFT <input type="checkbox"/> 9A RESEARCH AND DEVELOPMENT <input type="checkbox"/> 9B MARKET SURVEY <input type="checkbox"/> 9C CREW TRAINING   |                                |   |  |  |   |   |
| 6 <input type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) <input type="checkbox"/> 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE <input type="checkbox"/> 2 EVACUATE FROM AREA OF IMPENDING DANGER <input type="checkbox"/> 3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT <input type="checkbox"/> 4 DELIVERING OR EXPORTING <input type="checkbox"/> 5 PRODUCTION FLIGHT TESTING <input type="checkbox"/> 6 CUSTOMER DEMONSTRATION FLIGHTS |                                |   |  |  |   |   |
| C <input type="checkbox"/> 8 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)   |                                |   |  |  |   |   |
| III. OWNER'S CERTIFICATION  |                                |   |  |  |   |   |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration) <b>IF DEALER, CHECK HERE</b> →   |                                |   |  |  |   |   |
| NAME<br>Helicopter Operators, Inc.  |                                |   |  | ADDRESS<br>234 Perimeter Drive, Stockton CA 94044  |   |   |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |                                |   |  |  |   |   |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>H3 WE Rev. 2   |                                |   |  | <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2010-02 |   |   |
| AIRCRAFT LISTING (Give page number(s))<br>N/A   |                                |   |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |   |   |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |                                |   |  |  |   |   |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417   |                                |   | TOTAL AIRFRAME HOURS<br>2852                                 |  | 3 <input type="checkbox"/> EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)   |   |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.   |                                |   |  |  |   |   |
| DATE OF APPLICATION<br>01/31/2010   |                                | NAME AND TITLE (Print or type)<br>James, J. Jones, General Manager      |  |  | SIGNATURE<br><i>James Jones</i>   |   |
| IV. INSPECTION AGENCY VERIFICATION  |                                |   |  |  |   |   |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)   |                                |   |  |  |   |   |
| 2 <input type="checkbox"/> 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)  |                                | 3 <input type="checkbox"/> CERTIFICATED MECHANIC (Give Certificate No.) |  | 6 <input type="checkbox"/> CERTIFICATED REPAIR STATION (Give Certificate No.)  |   |   |
| 5 <input checked="" type="checkbox"/> AIRCRAFT MANUFACTURER (Give name or firm) MD Helicopters, Inc.  |                                |   |  |  |   |   |
| DATE<br>02/23/2010  |                                | TITLE<br>Richard Martin, Manager, Quality Assurance                     |  |  | SIGNATURE<br><i>Richard Martin</i>  |   |
| V. FAA REPRESENTATIVE CERTIFICATION   |                                |   |  |  |   |   |
| (Check ALL applicable block items A and B)  |                                |   |  |  |   |   |
| A. I find that the aircraft described in Section I or VII meets requirements for <input checked="" type="checkbox"/> 4 AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE   |                                |   |  |  |   |   |
| B. Inspection for a special flight permit under Section VII was conducted by:   |                                |   |  |  |   |   |
| FAA INSPECTOR   |                                |   | FAA DESIGNEE   |  |   |   |
| CERTIFICATE HOLDER UNDER  |                                |   | 14 CFR part 65   |  | 14 CFR part 121 OR 135  |   |
| DATE  |                                | MIDO/FSDO OFFICE  |  | 4  |   | 1 |
| FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.   |                                |   |  | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |   |   |

**Figure D-6. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Standard – Other, JAR/VLA (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                   |   |   |  |   |  |
|---|-----------------------------------|---|---|--|---|--|
| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |                                   | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |   |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N7569K    |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Aero Ltd       |  | 3. AIRCRAFT MODEL DESIGNATION<br>AT-3R100   |  |
|   | 5. AIRCRAFT SERIAL NO.<br>AT3-999 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Bombardier-Rotax |  | 7. ENGINE MODEL DESIGNATION<br>912S2  |  |
|   | 8. NUMBER OF ENGINES<br>1         |   | 9. PROPELLER BUILDER'S NAME (Make)<br>GT Eliche     |  | 10. PROPELLER MODEL DESIGNATION<br>GT-2/173/VRR-FW101SRTC   |  |
| 11. AIRCRAFT IS (Check if applicable)<br><input checked="" type="checkbox"/> IMPORT   |                                   |   |   |  |   |  |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items) <b>JAR/VLA</b>   |                                   |   |   |  |   |  |
| A 1 <input checked="" type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON <input checked="" type="checkbox"/> OTHER  |                                   |   |   |  |   |  |
| B SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                   |   |   |  |   |  |
| 7 PRIMARY   |                                   |   |   |  |   |  |
| 9 LIGHT-SPORT (Indicate Class)    Airplane    Power-Parachute    Weight-Shift-Control    Glider    Lighter than Air   |                                   |   |   |  |   |  |
| 2 LIMITED   |                                   |   |   |  |   |  |
| 5 PROVISIONAL (Indicate class)  |                                   |   |   |  |   |  |
| 3 RESTRICTED (Indicate operation(s) to be conducted)  |                                   |   |   |  |   |  |
| 4 AIR RACING  |                                   |   |   |  |   |  |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)  |                                   |   |   |  |   |  |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)   |                                   |   |   |  |   |  |
| C 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                                   |   |   |  |   |  |
| II. CERTIFICATION REQUESTED   |                                   |   |   |  |   |  |
| A REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →  |                                   |   |   |  |   |  |
| NAME: <b>I. R. Applicant</b> ADDRESS: <b>14 David Rd., Nashville, TN 37243</b>  |                                   |   |   |  |   |  |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |                                   |   |   |  |   |  |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) <b>A61CE</b> <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) <b>2010-19</b>   |                                   |   |   |  |   |  |
| AIRCRAFT LISTING (Give page number(s)) <b>N/A</b> SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)  |                                   |   |   |  |   |  |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |                                   |   |   |  |   |  |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417    TOTAL AIRFRAME HOURS: <b>132</b> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |                                   |   |   |  |   |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                                   |   |   |  |   |  |
| DATE OF APPLICATION: <b>09/23/2010</b> NAME AND TITLE (Print or type): <b>I. R. Applicant</b> SIGNATURE: <i>I. R. Applicant</i>   |                                   |   |   |  |   |  |
| IV. INSPECTION AGENCY VERIFICATION  |                                   |   |   |  |   |  |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(i) applies)   |                                   |   |   |  |   |  |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)    3 CERTIFICATED MECHANIC (Give Certificate No.)    6 CERTIFICATED REPAIR STATION (Give Certificate No.)   |                                   |   |   |  |   |  |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)   |                                   |   |   |  |   |  |
| DATE    TITLE    SIGNATURE  |                                   |   |   |  |   |  |
| V. FAA REPRESENTATIVE CERTIFICATION   |                                   |   |   |  |   |  |
| (Check ALL applicable block items A and B)  |                                   |   |   |  |   |  |
| A. I find that the aircraft described in Section I or VII meets requirements for <b>4</b> THE CERTIFICATE REQUESTED: <b>AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE</b>  |                                   |   |   |  |   |  |
| B. Inspection for a special flight permit under Section VII was conducted by:   |                                   |   |   |  |   |  |
| FAA INSPECTOR    FAA DESIGNEE   |                                   |   |   |  |   |  |
| CERTIFICATE HOLDER UNDER    14 CFR part 65    14 CFR part 121 OR 135    14 CFR part 145   |                                   |   |   |  |   |  |
| DATE    MIDO/FSDO OFFICE    4    FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.    1    FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |                                   |   |   |  |   |  |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-7. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special - Primary Category Aircraft Certificated Under § 21.184(a) (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                                 |   |   |  |   |  |   |            |
|--|---------------------------------|---|---|--|---|--|---|------------|
|  U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |                                 | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |   |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |   |            |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK<br>N2EZ    |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Flight Corp. |  | 3. AIRCRAFT MODEL DESIGNATION<br>F-C-1A   |  | 4. YR. MFR<br>1991                              | FAA CODING |
|  | 5. AIRCRAFT SERIAL NO.<br>F0002 |   | 6. ENGINE BUILDER'S NAME (Make)<br>TCM            |  | 7. ENGINE MODEL DESIGNATION<br>IO-360-ES  |  |   |            |
|  | 8. NUMBER OF ENGINES<br>1       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>McCauley    |  | 10. PROPELLER MODEL DESIGNATION<br>2A34C209   |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                                 |   |   |  |   |  |   |            |
| A 1 <input type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON    OTHER   |                                 |   |   |  |   |  |   |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                                 |   |   |  |   |  |   |            |
| 7 <input checked="" type="checkbox"/> PRIMARY  |                                 |   |   |  |   |  |   |            |
| 9 LIGHT-SPORT (Indicate Class)    Airplane    Power-Parachute    Weight-Shift-Control    Glider    Lighter than Air  |                                 |   |   |  |   |  |   |            |
| 2 LIMITED  |                                 |   |   |  |   |  |   |            |
| 5 PROVISIONAL (Indicate class)   |                                 |   |   |  |   |  |   |            |
| 1 CLASS I  |                                 |   |   |  |   |  |   |            |
| 2 CLASS II   |                                 |   |   |  |   |  |   |            |
| 3 RESTRICTED (Indicate operation(s) to be conducted)   |                                 |   |   |  |   |  |   |            |
| 1 AGRICULTURE AND PEST CONTROL    2 AERIAL SURVEY    3 AERIAL ADVERTISING  |                                 |   |   |  |   |  |   |            |
| 4 FOREST (Wildlife conservation)    5 PATROLLING    6 WEATHER CONTROL  |                                 |   |   |  |   |  |   |            |
| 0 OTHER (Specify)  |                                 |   |   |  |   |  |   |            |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)   |                                 |   |   |  |   |  |   |            |
| 1 RESEARCH AND DEVELOPMENT    2 AMATEUR BUILT    3 EXHIBITION  |                                 |   |   |  |   |  |   |            |
| 4 AIR RACING    5 CREW TRAINING    6 MARKET SURVEY   |                                 |   |   |  |   |  |   |            |
| 0 TO SHOW COMPLIANCE WITH THE CFR    7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                 |   |   |  |   |  |   |            |
| 8 OPERATING LIGHT-SPORT  |                                 |   |   |  |   |  |   |            |
| 8A Existing aircraft without an airworthiness certificate & do not meet § 103.1  |                                 |   |   |  |   |  |   |            |
| 8B Operating Light-Sport Kit-built   |                                 |   |   |  |   |  |   |            |
| 8C Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190   |                                 |   |   |  |   |  |   |            |
| 9 UNMANNED AIRCRAFT  |                                 |   |   |  |   |  |   |            |
| 9A RESEARCH AND DEVELOPMENT    9C CREW TRAINING  |                                 |   |   |  |   |  |   |            |
| 9B MARKET SURVEY   |                                 |   |   |  |   |  |   |            |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |                                 |   |   |  |   |  |   |            |
| 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |                                 |   |   |  |   |  |   |            |
| 2 EVACUATE FROM AREA OF IMPENDING DANGER   |                                 |   |   |  |   |  |   |            |
| 3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |                                 |   |   |  |   |  |   |            |
| 4 DELIVERING OR EXPORTING    5 PRODUCTION FLIGHT TESTING   |                                 |   |   |  |   |  |   |            |
| 6 CUSTOMER DEMONSTRATION FLIGHTS   |                                 |   |   |  |   |  |   |            |
| C 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)  |                                 |   |   |  |   |  |   |            |
| A REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →   |                                 |   |   |  |   |  |   |            |
| NAME: Flight Corp.    ADDRESS: 10 Lane Ave., Doby, TX 78907  |                                 |   |   |  |   |  |   |            |
| B AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |                                 |   |   |  |   |  |   |            |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>CE785   |                                 |   |   |  |   |  |   |            |
| <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2010-02   |                                 |   |   |  |   |  |   |            |
| AIRCRAFT LISTING (Give page number(s))<br>N/A  |                                 |   |   |  |   |  |   |            |
| SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |                                 |   |   |  |   |  |   |            |
| C AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |                                 |   |   |  |   |  |   |            |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417    TOTAL AIRFRAME HOURS: 2    3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)   |                                 |   |   |  |   |  |   |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                                 |   |   |  |   |  |   |            |
| DATE OF APPLICATION: 01/27/2010    NAME AND TITLE (Print or type): Joe Quality, Director, Q.A.    SIGNATURE: Joe Quality   |                                 |   |   |  |   |  |   |            |
| IV. INSPECTION AGENCY VERIFICATION   |                                 |   |   |  |   |  |   |            |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)  |                                 |   |   |  |   |  |   |            |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)    3 CERTIFICATED MECHANIC (Give Certificate No.)    6 CERTIFICATED REPAIR STATION (Give Certificate No.)  |                                 |   |   |  |   |  |   |            |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)  |                                 |   |   |  |   |  |   |            |
| DATE:    TITLE:    SIGNATURE:  |                                 |   |   |  |   |  |   |            |
| V. FAA REPRESENTATIVE CERTIFICATION  |                                 |   |   |  |   |  |   |            |
| (Check ALL applicable block items A and B)   |                                 |   |   |  |   |  |   |            |
| A. I find that the aircraft described in Section I or VII meets requirements for    4 THE CERTIFICATE REQUESTED: AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                                 |   |   |  |   |  |   |            |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                                 |   |   |  |   |  |   |            |
| FAA INSPECTOR    FAA DESIGNEE  |                                 |   |   |  |   |  |   |            |
| CERTIFICATE HOLDER UNDER    14 CFR part 85    14 CFR part 121 OR 135    14 CFR part 145  |                                 |   |   |  |   |  |   |            |
| DATE:    MIDO/FSDO OFFICE:    4 FAA INSPECTOR'S SIGNATURE OR DESIGNEE'S SIGNATURE AND NO.:    1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |                                 |   |   |  |   |  |   |            |

**Figure D-8. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special - Light-Sport Category with Type-Certificated Installations (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |   |   |   |  |   |  |
|---|---|---|---|--|---|--|
| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |   | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>                   |   |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N12LSA          |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Renegade           |  | 3. AIRCRAFT MODEL DESIGNATION<br>Falcon LS  |  |
|   | 5. AIRCRAFT SERIAL NO.<br>RL 122701-001 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Lycoming Engines     |  | 7. ENGINE MODEL DESIGNATION<br>IO-233   |  |
|   | 8. NUMBER OF ENGINES<br>1               |   | 9. PROPELLER BUILDER'S NAME (Make)<br>Helix Carbon GmbH |  | 10. PROPELLER MODEL DESIGNATION<br>H25F1,30mL-08-2  |  |
| 11. AIRCRAFT IS (Check if applicable)<br><input checked="" type="checkbox"/> IMPORT   |   |   |   |  |   |  |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |   |   |   |  |   |  |
| A 1 <input type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON    OTHER  |   |   |   |  |   |  |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |   |   |   |  |   |  |
| 7 <input type="checkbox"/> PRIMARY  |   |   |   |  |   |  |
| 9 <input checked="" type="checkbox"/> LIGHT-SPORT (Indicate Class) <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |   |   |   |  |   |  |
| 2 <input type="checkbox"/> LIMITED  |   |   |   |  |   |  |
| 5 <input type="checkbox"/> PROVISIONAL (Indicate class)   |   |   |   |  |   |  |
| 3 <input type="checkbox"/> RESTRICTED (Indicate operation(s) to be conducted)   |   |   |   |  |   |  |
| 4 <input type="checkbox"/> AIR RACING   |   |   |   |  |   |  |
| 0 <input type="checkbox"/> OTHER (Specify)  |   |   |   |  |   |  |
| 4 <input type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)   |   |   |   |  |   |  |
| 1 <input type="checkbox"/> RESEARCH AND DEVELOPMENT    2 <input type="checkbox"/> AMATEUR BUILT    3 <input type="checkbox"/> EXHIBITION  |   |   |   |  |   |  |
| 4 <input type="checkbox"/> AIR RACING    5 <input type="checkbox"/> CREW TRAINING    6 <input type="checkbox"/> MARKET SURVEY   |   |   |   |  |   |  |
| 0 <input type="checkbox"/> TO SHOW COMPLIANCE WITH THE CFR    7 <input type="checkbox"/> OPERATING (Primary Category) KIT BUILT AIRCRAFT  |   |   |   |  |   |  |
| 8 <input type="checkbox"/> OPERATING LIGHT-SPORT  |   |   |   |  |   |  |
| 8A <input type="checkbox"/> Existing aircraft without an airworthiness certificate & do not meet § 103.1  |   |   |   |  |   |  |
| 8B <input type="checkbox"/> Operating Light-Sport Kit-built   |   |   |   |  |   |  |
| 8C <input type="checkbox"/> Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190   |   |   |   |  |   |  |
| 9 <input type="checkbox"/> UNMANNED AIRCRAFT  |   |   |   |  |   |  |
| 9A <input type="checkbox"/> RESEARCH AND DEVELOPMENT    9C <input type="checkbox"/> CREW TRAINING   |   |   |   |  |   |  |
| 9B <input type="checkbox"/> MARKET SURVEY   |   |   |   |  |   |  |
| 1 <input type="checkbox"/> FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |   |   |   |  |   |  |
| 2 <input type="checkbox"/> EVACUATE FROM AREA OF IMPENDING DANGER   |   |   |   |  |   |  |
| 3 <input type="checkbox"/> OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |   |   |   |  |   |  |
| 4 <input type="checkbox"/> DELIVERING OR EXPORTING    5 <input type="checkbox"/> PRODUCTION FLIGHT TESTING  |   |   |   |  |   |  |
| 6 <input type="checkbox"/> CUSTOMER DEMONSTRATION FLIGHTS   |   |   |   |  |   |  |
| C 8 <input type="checkbox"/> MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)   |   |   |   |  |   |  |
| III. OWNER'S CERTIFICATION  |   |   |   |  |   |  |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →   |   |   |   |  |   |  |
| NAME<br>Joe Quality   |   |   |   | ADDRESS<br>420 W Jackson, Unionville, MO 65265   |   |  |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |   |   |   |  |   |  |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>F2245-09   |   |   |   | <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2010-08, NONE |   |  |
| <input type="checkbox"/> AIRCRAFT LISTING (Give page number(s))<br>N/A  |   |   |   | <input type="checkbox"/> SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)<br>N/A   |   |  |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |   |   |   |  |   |  |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417   |   |   | TOTAL AIRFRAME HOURS<br>25                              |  | 3 <input type="checkbox"/> EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)   |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |   |   |   |  |   |  |
| DATE OF APPLICATION<br>04/15/2010   |   |   | NAME AND TITLE (Print or type)<br>Joe Quality, Owner    |  | SIGNATURE<br>Joe Quality  |  |
| IV. INSPECTION AGENCY VERIFICATION  |   |   |   |  |   |  |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(i) applies)   |   |   |   |  |   |  |
| 2 <input type="checkbox"/> 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)  |   | 3 <input type="checkbox"/> CERTIFICATED MECHANIC (Give Certificate No.) |   | 6 <input type="checkbox"/> CERTIFICATED REPAIR STATION (Give Certificate No.)  |   |  |
| 5 <input type="checkbox"/> AIRCRAFT MANUFACTURER (Give name or firm)  |   |   |   |  |   |  |
| DATE  |   | TITLE   |   |  | SIGNATURE   |  |
| V. FAA REPRESENTATIVE CERTIFICATION   |   |   |   |  |   |  |
| (Check ALL applicable block items A and B)  |   |   |   |  |   |  |
| A. I find that the aircraft described in Section I or VII meets requirements for  |   |   |   | 4 <input checked="" type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE   |   |  |
| B. Inspection for a special flight permit under Section VII was conducted by:   |   |   |   | FAA INSPECTOR  |   |  |
|   |   |   |   | FAA DESIGNEE   |   |  |
|   |   |   |   | CERTIFICATE HOLDER UNDER   |   |  |
|   |   |   |   | 14 CFR part 65   |   | 14 CFR part 121 OR 135   |
|   |   |   |   | 14 CFR part 145  |   |  |
| DATE  |   | MIDO/FSDO OFFICE  |   | 4 <input type="checkbox"/> FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.   |   | 1 <input type="checkbox"/> FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |

**Figure D-9. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special - Light-Sport Category Without Type-Certificated Installations (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                       |   |  |  |   |  |  |            |
|---|---------------------------------------|---|--|--|---|--|--|------------|
|  U.S. Department of Transportation<br><b>Federal Aviation Administration</b>   |                                       | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |  |            |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br><b>N118GX</b> |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br><b>Remos Aircraft GmbH</b>  |  | 3. AIRCRAFT MODEL DESIGNATION<br><b>GX</b>  |  | 4. YR. MFR<br><b>2009</b>                              | FAA CODING |
|   | 5. AIRCRAFT SERIAL NO.<br><b>340</b>  |   | 6. ENGINE BUILDER'S NAME (Make)<br><b>Rotax Aircraft Engines</b> |  | 7. ENGINE MODEL DESIGNATION<br><b>912UL</b>   |  |  |            |
|   | 8. NUMBER OF ENGINES<br><b>1</b>      |   | 9. PROPELLER BUILDER'S NAME (Make)<br><b>Neuform</b>             |  | 10. PROPELLER MODEL DESIGNATION<br><b>CR3-65</b>  |  | 11. AIRCRAFT IS (Check if applicable)<br><b>IMPORT</b> |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |                                       |   |  |  |   |  |  |            |
| A 1 <input type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON    OTHER  |                                       |   |  |  |   |  |  |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                       |   |  |  |   |  |  |            |
| 7 <input type="checkbox"/> PRIMARY  |                                       |   |  |  |   |  |  |            |
| 9 <input checked="" type="checkbox"/> LIGHT-SPORT (Indicate Class) <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                                       |   |  |  |   |  |  |            |
| 2 <input type="checkbox"/> LIMITED  |                                       |   |  |  |   |  |  |            |
| 5 <input type="checkbox"/> PROVISIONAL (Indicate class)   |                                       |   |  |  |   |  |  |            |
| 3 <input type="checkbox"/> RESTRICTED (Indicate operation(s) to be conducted)   |                                       |   |  |  |   |  |  |            |
| 1 CLASS I<br>2 CLASS II<br>1 AGRICULTURE AND PEST CONTROL    2 AERIAL SURVEY    3 AERIAL ADVERTISING<br>4 FOREST (Wildlife conservation)    5 PATROLLING    6 WEATHER CONTROL<br>0 OTHER (Specify)  |                                       |   |  |  |   |  |  |            |
| 4 <input type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)   |                                       |   |  |  |   |  |  |            |
| 1 RESEARCH AND DEVELOPMENT    2 AMATEUR BUILT    3 EXHIBITION<br>4 AIR RACING    5 CREW TRAINING    6 MARKET SURVEY<br>0 TO SHOW COMPLIANCE WITH THE CFR    7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                       |   |  |  |   |  |  |            |
| 8 <input type="checkbox"/> OPERATING LIGHT-SPORT  |                                       |   |  |  |   |  |  |            |
| 8A Existing aircraft without an airworthiness certificate & do not meet § 103.1<br>8B Operating Light-Sport Kit-built<br>8C Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190   |                                       |   |  |  |   |  |  |            |
| 9 <input type="checkbox"/> UNMANNED AIRCRAFT  |                                       |   |  |  |   |  |  |            |
| 9A RESEARCH AND DEVELOPMENT    9C CREW TRAINING<br>9B MARKET SURVEY   |                                       |   |  |  |   |  |  |            |
| 8 <input type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |                                       |   |  |  |   |  |  |            |
| 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE<br>2 EVACUATE FROM AREA OF IMPENDING DANGER<br>3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT<br>4 DELIVERING OR EXPORTING    5 PRODUCTION FLIGHT TESTING<br>6 CUSTOMER DEMONSTRATION FLIGHTS   |                                       |   |  |  |   |  |  |            |
| C <input type="checkbox"/> MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)  |                                       |   |  |  |   |  |  |            |
| A REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →  |                                       |   |  |  |   |  |  |            |
| NAME: <b>Remos Aircraft, Inc.</b> ADDRESS: <b>997 Happy Trails Dr, Ste D-1, Rogers, AR 72756</b>  |                                       |   |  |  |   |  |  |            |
| B AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                                       |   |  |  |   |  |  |            |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br><b>F2245-07a</b>   |                                       |   |  |  |   |  |  |            |
| <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br><b>2009-21, SD-001, SD-002, SD-003, SD-004, SD-005</b>   |                                       |   |  |  |   |  |  |            |
| AIRCRAFT LISTING (Give page number(s))<br><b>N/A</b>  |                                       |   |  |  |   |  |  |            |
| SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)<br><b>N/A</b>  |                                       |   |  |  |   |  |  |            |
| C AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                                       |   |  |  |   |  |  |            |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417    TOTAL AIRFRAME HOURS: <b>10</b> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)   |                                       |   |  |  |   |  |  |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                                       |   |  |  |   |  |  |            |
| DATE OF APPLICATION: <b>10/22/2009</b> NAME AND TITLE (Print or type): <b>Bill Brown, Agent</b> SIGNATURE: <i>Bill Brown</i>  |                                       |   |  |  |   |  |  |            |
| IV. INSPECTION AGENCY VERIFICATION  |                                       |   |  |  |   |  |  |            |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(t) applies)   |                                       |   |  |  |   |  |  |            |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)    3 CERTIFICATED MECHANIC (Give Certificate No.)    6 CERTIFICATED REPAIR STATION (Give Certificate No.)   |                                       |   |  |  |   |  |  |            |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)   |                                       |   |  |  |   |  |  |            |
| DATE: _____ TITLE: _____ SIGNATURE: _____   |                                       |   |  |  |   |  |  |            |
| V. FAA REPRESENTATIVE CERTIFICATION   |                                       |   |  |  |   |  |  |            |
| (Check ALL applicable block items A and B)  |                                       |   |  |  |   |  |  |            |
| A. I find that the aircraft described in Section I or VII meets requirements for <input type="checkbox"/> THE CERTIFICATE REQUESTED <input checked="" type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                                       |   |  |  |   |  |  |            |
| B. Inspection for a special flight permit under Section VII was conducted by:   |                                       |   |  |  |   |  |  |            |
| FAA INSPECTOR    FAA DESIGNEE   |                                       |   |  |  |   |  |  |            |
| CERTIFICATE HOLDER UNDER    14 CFR part 65    14 CFR part 121 OR 135    14 CFR part 145   |                                       |   |  |  |   |  |  |            |
| DATE: _____ MDO/FSDO OFFICE: _____    4 FAA INSPECTOR'S SIGNATURE OR DESIGNEE'S SIGNATURE AND NO.: _____    1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE   |                                       |   |  |  |   |  |  |            |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-10. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Limited Category (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |   |  |  |   |   |  |
|---|---|--|--|---|---|--|
| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |   | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>        |  |   | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N1256   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Glenn L. Martin Company | 3. AIRCRAFT MODEL DESIGNATION<br>B-26C             | 4. YR. MFR.<br>1943   | FAA CODING  |  |
|   | 5. AIRCRAFT SERIAL NO.<br>2256  | 6. ENGINE BUILDER'S NAME (Make)<br>P&W                       | 7. ENGINE MODEL DESIGNATION<br>R-2800-83AMB        |   |   |  |
|   | 8. NUMBER OF ENGINES<br>2   | 9. PROPELLER BUILDER'S NAME (Make)<br>Hamilton Standard      | 10. PROPELLER MODEL DESIGNATION<br>42E60-7/669-5-8 |   | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT   |  |
|   | APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |  |  |   |   |  |
| II. CERTIFICATION REQUESTED   | A. <input type="checkbox"/> STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER |  |  |   |   |  |
|   | B. <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |  |  |   |   |  |
|   | 7. PRIMARY  |  |  |   |   |  |
|   | 9. LIGHT-SPORT (Indicate class)   |  |  |   |   |  |
|   | <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |  |  |   |   |  |
|   | 2. <input checked="" type="checkbox"/> LIMITED  |  |  |   |   |  |
|   | 5. PROVISIONAL (Indicate class)   |  |  |   |   |  |
|   | 1. CLASS I<br>2. CLASS II   |  |  |   |   |  |
|   | 3. RESTRICTED (Indicate operation(s) to be conducted)   |  |  |   |   |  |
|   | 1. AGRICULTURE AND PEST CONTROL <input type="checkbox"/> 2. AERIAL SURVEY <input type="checkbox"/> 3. AERIAL ADVERTISING  |  |  |   |   |  |
|   | 4. FOREST (Wildlife conservation) <input type="checkbox"/> 5. PATROLLING <input type="checkbox"/> 6. WEATHER CONTROL  |  |  |   |   |  |
|   | 0. OTHER (Specify)  |  |  |   |   |  |
|   | 4. EXPERIMENTAL (Indicate operation(s) to be conducted)   |  |  |   |   |  |
|   | 1. RESEARCH AND DEVELOPMENT <input type="checkbox"/> 2. AMATEUR BUILT <input type="checkbox"/> 3. EXHIBITION  |  |  |   |   |  |
|   | 4. AIR RACING <input type="checkbox"/> 5. CREW TRAINING <input type="checkbox"/> 6. MARKET SURVEY   |  |  |   |   |  |
| 0. TO SHOW COMPLIANCE WITH THE CFR <input type="checkbox"/> 7. OPERATING (Primary Category) KIT BUILT AIRCRAFT  |   |  |  |   |   |  |
| 8. SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |   |  |  |   |   |  |
| 1. FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE<br>2. EVACUATE FROM AREA OF IMPENDING DANGER<br>3. OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT<br>4. DELIVERING OR EXPORTING <input type="checkbox"/> 5. PRODUCTION FLIGHT TESTING<br>6. CUSTOMER DEMONSTRATION FLIGHTS   |   |  |  |   |   |  |
| C. <input type="checkbox"/> MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |   |  |  |   |   |  |
| III. OWNER'S CERTIFICATION  | A. REGISTERED OWNER (As shown on certificate of aircraft registration)  |  |  | IF DEALER, CHECK HERE →   |   |  |
|   | NAME<br>Gas Transmission Company  |  |  | ADDRESS<br>1216W 48th Street, Dallas TX 64072   |   |  |
|   | B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |  |  | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) |   |  |
|   | <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>AL-33 Rev 1  |  |  | <input checked="" type="checkbox"/> 2010-02   |   |  |
|   | AIRCRAFT LISTING (Give page number(s))<br>N/A   |  |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)  |   |  |
|   | C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |  |  |   |   |  |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417   |   |  | TOTAL AIRFRAME HOURS<br>12632                      |   | <input type="checkbox"/> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)   |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 at seq and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |   |  |  |   |   |  |
| DATE OF APPLICATION<br>01/27/2010   |   | NAME AND TITLE (Print or type)<br>George Brown, President    |  | SIGNATURE<br><i>George Brown</i>  |   |  |
| IV. INSPECTION AGENCY VERIFICATION  | A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(a) applies)   |  |  |   |   |  |
|   | 2. 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)  |  | 3. CERTIFICATED MECHANIC (Give Certificate No.)    |   | 6. CERTIFICATED REPAIR STATION (Give Certificate No.)   |  |
|   | 5. AIRCRAFT MANUFACTURER (Give name or firm)  |  |  |   |   |  |
| DATE  |   | TITLE  |  | SIGNATURE   |   |  |
| V. FAA REPRESENTATIVE CERTIFICATION   | (Check ALL applicable block items A and B)  |  |  |   |   |  |
|   | A. I find that the aircraft described in Section I or VII meets requirements for  |  |  |   | 4. THE CERTIFICATE REQUESTED  |  |
|   | B. Inspection for a special flight permit under Section VII was conducted by:   |  |  |   | AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |  |
|   | DATE  |  | MID/FSDO OFFICE                                    |   | 4. FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.  |  |
|   |   |  |  | 1. FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |   |  |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-11. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Provisional Category (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |   |   |  |  |   |   |   |                                  |   |   |  |  |                 |
|---|---|---|--|--|---|---|---|----------------------------------|---|---|--|--|-----------------|
| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |   | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |   |   |                                  |   |   |  |  |                 |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N502A   |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Lockheed -Georgia Co. |  | 3. AIRCRAFT MODEL DESIGNATION<br>382G   |   | 4. YR. MFR.<br>1996                             | FAA CODING                       |   |   |  |  |                 |
|   | 5. AIRCRAFT SERIAL NO.<br>4387  |   | 6. ENGINE BUILDER'S NAME (Make)<br>Allison                 |  | 7. ENGINE MODEL DESIGNATION<br>501-D22A   |   |   |                                  |   |   |  |  |                 |
|   | 8. NUMBER OF ENGINES<br>4   |   | 9. PROPELLER BUILDER'S NAME (Make)<br>Hamilton- Standard   |  | 10. PROPELLER MODEL DESIGNATION<br>54H60-91/54H 60-117  |   | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |                                  |   |   |  |  |                 |
|   | APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |   |  |  |   |   |   |                                  |   |   |  |  |                 |
| II. CERTIFICATION REQUESTED   | A   | 1   | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)     | NORMAL   | UTILITY   | ACROBATIC   | TRANSPORT                                       | COMMUTER                         | BALLOON   | OTHER   |  |  |                 |
|   | B   |   | <input checked="" type="checkbox"/>                        | SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |   |   |   |                                  |   |   |  |  |                 |
|   |   | 7   |  | PRIMARY  |   |   |   |                                  |   |   |  |  |                 |
|   |   | 9   |  | LIGHT-SPORT (Indicate class)   | Airplane  | Power-Parachute   | Weight-Shift-Control                            | Glider                           | Lighter than Air  |   |  |  |                 |
|   |   | 2   |  | LIMITED  |   |   |   |                                  |   |   |  |  |                 |
|   |   | 5   | <input checked="" type="checkbox"/>                        | PROVISIONAL (Indicate class)   | 1   | <input checked="" type="checkbox"/>   | CLASS I   | 2                                |   | CLASS II  |  |  |                 |
|   |   | 3   |  | RESTRICTED (Indicate operation(s) to be conducted)   | 1   |   | AGRICULTURE AND PEST CONTROL                    | 2                                |   | AERIAL SURVEY   | 3  |  |                 |
|   |   |   |  |  | 4   |   | FOREST (Wildlife conservation)                  | 5                                |   | PATROLLING  | 6  |  |                 |
|   |   |   |  |  | 0   |   | OTHER (Specify)                                 |                                  |   |   |  |  |                 |
|   |   | 4   |  | EXPERIMENTAL (Indicate operation(s) to be conducted)   | 1   |   | RESEARCH AND DEVELOPMENT                        | 2                                |   | AMATEUR BUILT   | 3  |  |                 |
|   |   |   |  |  | 4   |   | AIR RACING                                      | 5                                |   | CREW TRAINING   | 6  |  |                 |
|   |   |   |  |  | 0   |   | TO SHOW COMPLIANCE WITH THE CFR                 | 7                                |   | OPERATING (Primary Category) KIT BUILT AIRCRAFT   |  |  |                 |
|   |   |   |  |  | 8   |   | OPERATING LIGHT-SPORT                           | 8A                               |   | Existing aircraft without an airworthiness certificate & do not meet § 103.1                                  |  |  |                 |
|   |   |   |  |  |   |   |   | 8B                               |   | Operating Light-Sport Kit-built   |  |  |                 |
|   |   |   |  |  |   |   |   | 8C                               |   | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |                 |
|   |   |   |  | 9  |   | UNMANNED AIRCRAFT   | 9A  |                                  | RESEARCH AND DEVELOPMENT  | 9C  |  |  |                 |
|   |   |   |  |  |   |   | 9B  |                                  | MARKET SURVEY   |   |  |  |                 |
|   |   |   |  | 8  |   | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) | 1   |                                  | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE                              |   |  |  |                 |
|   |   |   |  |  |   |   | 2   |                                  | EVACUATE FROM AREA OF IMPENDING DANGER  |   |  |  |                 |
|   |   |   |  |  |   |   | 3   |                                  | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT                                 |   |  |  |                 |
|   |   |   |  |  |   |   | 4   |                                  | DELIVERING OR EXPORTING   | 5   |  |  |                 |
|   |   |   |  |  |   |   | 6   |                                  | CUSTOMER DEMONSTRATION FLIGHTS  |   |  |  |                 |
|   | C   | 6   |  | MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable) |   |   |   |                                  |   |   |  |  |                 |
| III. OWNER'S CERTIFICATION  | A. REGISTERED OWNER (As shown on certificate of aircraft registration)  |   |  |  | IF DEALER, CHECK HERE →   |   |   |                                  |   |   |  |  |                 |
|   | NAME<br>Lockheed Georgia Co.  |   |  |  | ADDRESS<br>Marietta, GA 30060   |   |   |                                  |   |   |  |  |                 |
|   | B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |   |  |  | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)   |   |   |                                  |   |   |  |  |                 |
|   | <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>A1SO           |   |  |  | <input checked="" type="checkbox"/> 2010-07   |   |   |                                  |   |   |  |  |                 |
|   | AIRCRAFT LISTING (Give page number(s))<br>N/A   |   |  |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)  |   |   |                                  |   |   |  |  |                 |
|   | C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |   |  |  | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |   |   |                                  |   |   |  |  |                 |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417   |   |   |  | TOTAL AIRFRAME HOURS<br>12632  |   | 3   |   |                                  |   |   |  |  |                 |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 at seq and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |   |   |  |  |   |   |   |                                  |   |   |  |  |                 |
| DATE OF APPLICATION<br>04/10/2010   |   |   |  | NAME AND TITLE (Print or type)<br>George Brown, President  |   |   |   | SIGNATURE<br><i>George Brown</i> |   |   |  |  |                 |
| IV. INSPECTION AGENCY VERIFICATION  | A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(a) applies) |   |  |  |   |   |   |                                  |   |   |  |  |                 |
|   | 2   |   | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)  |  | 3   |   | CERTIFICATED MECHANIC (Give Certificate No.)    |                                  | 6   |   | CERTIFICATED REPAIR STATION (Give Certificate No.) |  |                 |
|   | 5   |   | AIRCRAFT MANUFACTURER (Give name or firm)                  |  |   |   |   |                                  |   |   |  |  |                 |
| DATE  |   |   |  | TITLE  |   |   |   | SIGNATURE                        |   |   |  |  |                 |
| V. FAA REPRESENTATIVE CERTIFICATION   | (Check ALL applicable block items A and B)  |   |  |  |   |   |   |                                  |   |   |  |  |                 |
|   | A. I find that the aircraft described in Section I or VII meets requirements for  |   |  |  | 4   |   |   |                                  | THE CERTIFICATE REQUESTED<br>AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE |   |  |  |                 |
|   | B. Inspection for a special flight permit under Section VII was conducted by:   |   |  |  | FAA INSPECTOR   |   |   |                                  | FAA DESIGNEE  |   |  |  |                 |
|   |   |   |  |  | CERTIFICATE HOLDER UNDER  |   |   |                                  | 14 CFR part 65  |   | 14 CFR part 121 OR 135                             |  | 14 CFR part 145 |
| DATE  |   | MIDO/FSDO OFFICE                                      |  | 4  |   | FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.   |   | 1                                |   | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE   |  |  |                 |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-12. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Restricted Category (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                                 |   |  |  |   |  |   |            |
|--|---------------------------------|---|--|--|---|--|---|------------|
| <br>U.S. Department of Transportation<br>Federal Aviation Administration  |                                 | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |   |            |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK<br>N7777   |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>North American Rockwell |  | 3. AIRCRAFT MODEL DESIGNATION<br>S2R  |  | 4. YR. MFR.<br>1950                             | FAA CODING |
|  | 5. AIRCRAFT SERIAL NO.<br>1916R |   | 6. ENGINE BUILDER'S NAME (Make)<br>P&W                       |  | 7. ENGINE MODEL DESIGNATION<br>R1340AN1(S 3H1)  |  |   |            |
|  | 8. NUMBER OF ENGINES<br>1       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>Hamilton Standard      |  | 10. PROPELLER MODEL DESIGNATION<br>12D40-305/EAC/AG 100-2   |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                                 |   |  |  |   |  |   |            |
| A <input type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON    OTHER   |                                 |   |  |  |   |  |   |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                                 |   |  |  |   |  |   |            |
| 7 PRIMARY<br>9 LIGHT-SPORT (Indicate class)    Airplane    Power-Parachute    Weight-Shift-Control    Glider    Lighter than Air<br>2 LIMITED<br>5 PROVISIONAL (Indicate class)    1 CLASS I    2 CLASS II   |                                 |   |  |  |   |  |   |            |
| 3 <input checked="" type="checkbox"/> RESTRICTED (Indicate operation(s) to be conducted)    1 AGRICULTURE AND PEST CONTROL    2 AERIAL SURVEY    3 AERIAL ADVERTISING<br>4 FOREST (Wildlife conservation)    5 PATROLLING    6 WEATHER CONTROL<br>0 OTHER (Specify)  |                                 |   |  |  |   |  |   |            |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)    1 RESEARCH AND DEVELOPMENT    2 AMATEUR BUILT    3 EXHIBITION<br>4 AIR RACING    5 CREW TRAINING    6 MARKET SURVEY<br>0 TO SHOW COMPLIANCE WITH THE CFR    7 OPERATING (Primary Category) KIT BUILT AIRCRAFT  |                                 |   |  |  |   |  |   |            |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)    1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE<br>2 EVACUATE FROM AREA OF IMPENDING DANGER<br>3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT<br>4 DELIVERING OR EXPORTING    5 PRODUCTION FLIGHT TESTING<br>6 CUSTOMER DEMONSTRATION FLIGHTS   |                                 |   |  |  |   |  |   |            |
| C <input type="checkbox"/> 8 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                                 |   |  |  |   |  |   |            |
| III. OWNER'S CERTIFICATION<br>A. REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →<br>NAME: DBA Crop Dusters, Inc.    ADDRESS: 105 Airport Rd., Greenville, MI 38701  |                                 |   |  |  |   |  |   |            |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)<br><input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)    A4SW Rev 5 <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)    2010-07<br>AIRCRAFT LISTING (Give page number(s))    SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)  |                                 |   |  |  |   |  |   |            |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS<br><input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417    TOTAL AIRFRAME HOURS: 2105    3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)   |                                 |   |  |  |   |  |   |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.<br>DATE OF APPLICATION: 04/10/2010    NAME AND TITLE (Print or type): John J. Jones, Co-Owner    SIGNATURE: John J. Jones   |                                 |   |  |  |   |  |   |            |
| IV. INSPECTION AGENCY VERIFICATION<br>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)<br>2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)    3 CERTIFICATED MECHANIC (Give Certificate No.)    6 CERTIFICATED REPAIR STATION (Give Certificate No.)<br>5 AIRCRAFT MANUFACTURER (Give name or firm)<br>DATE:    TITLE:    SIGNATURE:   |                                 |   |  |  |   |  |   |            |
| V. FAA REPRESENTATIVE CERTIFICATION<br>(Check ALL applicable block items A and B)<br>A. I find that the aircraft described in Section I or VII meets requirements for    4 THE CERTIFICATE REQUESTED<br>AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE<br>B. Inspection for a special flight permit under Section VII was conducted by:<br>FAA INSPECTOR    FAA DESIGNEE<br>CERTIFICATE HOLDER UNDER    14 CFR part 65    14 CFR part 121 OR 135    14 CFR part 145<br>DATE:    MIFO/FSDO OFFICE    4 FAA INSPECTOR'S SIGNATURE OR DESIGNEE'S SIGNATURE AND NO.    1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |                                 |   |  |  |   |  |   |            |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-13. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Experimental Category, Research and Development (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                    |   |  |  |   |  |   |            |
|---|------------------------------------|---|--|--|---|--|---|------------|
| <br>U.S. Department of Transportation<br>Federal Aviation Administration   |                                    | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |   |            |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N51CA      |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Cessna Aircraft Company |  | 3. AIRCRAFT MODEL DESIGNATION<br>551  |  | 4. YR. MFR.<br>1992                             | FAA CODING |
|   | 5. AIRCRAFT SERIAL NO.<br>551-0004 |   | 6. ENGINE BUILDER'S NAME (Make)<br>UACL                      |  | 7. ENGINE MODEL DESIGNATION<br>JT15D-4  |  |   |            |
|   | 8. NUMBER OF ENGINES<br>2          |   | 9. PROPELLER BUILDER'S NAME (Make)<br>N/A                    |  | 10. PROPELLER MODEL DESIGNATION<br>N/A  |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |                                    |   |  |  |   |  |   |            |
| A <input type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON    OTHER  |                                    |   |  |  |   |  |   |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                    |   |  |  |   |  |   |            |
| 7 PRIMARY<br>9 LIGHT-SPORT (Indicate class)    Airplane    Power-Parachute    Weight-Shift-Control    Glider    Lighter than Air<br>2 LIMITED<br>5 PROVISIONAL (Indicate class)    1 CLASS I    2 CLASS II  |                                    |   |  |  |   |  |   |            |
| 3 RESTRICTED (Indicate operation(s) to be conducted)    1 AGRICULTURE AND PEST CONTROL    2 AERIAL SURVEY    3 AERIAL ADVERTISING<br>4 FOREST (Wildlife conservation)    5 PATROLLING    6 WEATHER CONTROL<br>0 OTHER (Specify)   |                                    |   |  |  |   |  |   |            |
| 4 <input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)    1 RESEARCH AND DEVELOPMENT    2 AMATEUR BUILT    3 EXHIBITION<br>4 AIR RACING    5 CREW TRAINING    6 MARKET SURVEY<br>0 TO SHOW COMPLIANCE WITH THE CFR    7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                    |   |  |  |   |  |   |            |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)    8A Existing aircraft without an airworthiness certificate & do not meet § 103.1<br>8B Operating Light-Sport Kit-built<br>8C Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190<br>9 UNMANNED AIRCRAFT    9A RESEARCH AND DEVELOPMENT    9C CREW TRAINING<br>9B MARKET SURVEY  |                                    |   |  |  |   |  |   |            |
| C <input type="checkbox"/> 8 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)   |                                    |   |  |  |   |  |   |            |
| III. OWNER'S CERTIFICATION<br>A. REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →<br>NAME: Cessna Aircraft Company    ADDRESS: 1 Airport Road, Wichita, KS 67277-7704   |                                    |   |  |  |   |  |   |            |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)<br>AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)    N/A    AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)    2008-23<br>AIRCRAFT LISTING (Give page number(s))    N/A    SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)    N/A   |                                    |   |  |  |   |  |   |            |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS<br>CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417    TOTAL AIRFRAME HOURS    2509    3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)    22  |                                    |   |  |  |   |  |   |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.<br>DATE OF APPLICATION    11/15/2008    NAME AND TITLE (Print or type)    A.D. Smith, Director of Total Quality    SIGNATURE    A.D. Smith |                                    |   |  |  |   |  |   |            |
| IV. INSPECTION AGENCY VERIFICATION<br>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)   |                                    |   |  |  |   |  |   |            |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)    3 CERTIFICATED MECHANIC (Give Certificate No.)    6 CERTIFICATED REPAIR STATION (Give Certificate No.)<br>5 AIRCRAFT MANUFACTURER (Give name or firm)<br>DATE    TITLE    SIGNATURE  |                                    |   |  |  |   |  |   |            |
| V. FAA REPRESENTATIVE CERTIFICATION<br>(Check ALL applicable block items A and B)<br>A. I find that the aircraft described in Section I or VII meets requirements for    4 THE CERTIFICATE REQUESTED<br>AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                                    |   |  |  |   |  |   |            |
| B. Inspection for a special flight permit under Section VII was conducted by:<br>FAA INSPECTOR    FAA DESIGNEE<br>CERTIFICATE HOLDER UNDER    14 CFR part 65    14 CFR part 121 OR 135    14 CFR part 145   |                                    |   |  |  |   |  |   |            |
| DATE    MIDO/FSDO OFFICE    4 FAA INSPECTOR'S SIGNATURE OR DESIGNEE'S SIGNATURE AND NO.    1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |                                    |   |  |  |   |  |   |            |

FAA Form 8130-6 (04-11) All Previous Editions Superseded



**Figure D-15. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special - Experimental Category, Amateur-Built, with Type-Certificated Installations (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                                |   |  |  |   |  |   |            |
|--|--------------------------------|---|--|--|---|--|---|------------|
|  U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |                                | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>                   |  |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |   |            |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK<br>N12345 |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Bill Jones                |  | 3. AIRCRAFT MODEL DESIGNATION<br>Lancair IV-P   |  | 4. YR. MFR.<br>2001                             | FAA CODING |
|  | 5. AIRCRAFT SERIAL NO.<br>0098 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Teledyne Continental Motors |  | 7. ENGINE MODEL DESIGNATION<br>TSIO-550-B(1)  |  |   |            |
|  | 8. NUMBER OF ENGINES<br>1      |   | 9. PROPELLER BUILDER'S NAME (Make)<br>Hartzell Propeller, Inc. |  | 10. PROPELLER MODEL DESIGNATION<br>PHCHYF 1RF   |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                                |   |  |  |   |  |   |            |
| A <input type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER   |                                |   |  |  |   |  |   |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                                |   |  |  |   |  |   |            |
| 7 PRIMARY  |                                |   |  |  |   |  |   |            |
| 9 LIGHT-SPORT (Indicate class) <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                                |   |  |  |   |  |   |            |
| 2 LIMITED  |                                |   |  |  |   |  |   |            |
| 5 PROVISIONAL (Indicate class) <input type="checkbox"/> 1 CLASS I <input type="checkbox"/> 2 CLASS II  |                                |   |  |  |   |  |   |            |
| 3 RESTRICTED (Indicate operation(s) to be conducted) <input type="checkbox"/> 1 AGRICULTURE AND PEST CONTROL <input type="checkbox"/> 2 AERIAL SURVEY <input type="checkbox"/> 3 AERIAL ADVERTISING <input type="checkbox"/> 4 FOREST (Wildlife conservation) <input type="checkbox"/> 5 PATROLLING <input type="checkbox"/> 6 WEATHER CONTROL <input type="checkbox"/> 0 OTHER (Specify)  |                                |   |  |  |   |  |   |            |
| 4 <input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted) <input type="checkbox"/> 1 RESEARCH AND DEVELOPMENT <input type="checkbox"/> 2 <input checked="" type="checkbox"/> AMATEUR BUILT <input type="checkbox"/> 3 EXHIBITION <input type="checkbox"/> 4 AIR RACING <input type="checkbox"/> 5 CREW TRAINING <input type="checkbox"/> 6 MARKET SURVEY <input type="checkbox"/> 0 TO SHOW COMPLIANCE WITH THE CFR <input type="checkbox"/> 7 OPERATING (Primary Category) KIT BUILT AIRCRAFT  |                                |   |  |  |   |  |   |            |
| 8 <input checked="" type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) <input type="checkbox"/> 8A Existing aircraft without an airworthiness certificate & do not meet § 103.1 <input type="checkbox"/> 8B Operating Light-Sport Kit-built <input type="checkbox"/> 8C Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 <input type="checkbox"/> 9 UNMANNED AIRCRAFT <input type="checkbox"/> 9A RESEARCH AND DEVELOPMENT <input type="checkbox"/> 9C CREW TRAINING <input type="checkbox"/> 9B MARKET SURVEY |                                |   |  |  |   |  |   |            |
| C <input type="checkbox"/> 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                                |   |  |  |   |  |   |            |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration) <span style="float: right;">IF DEALER, CHECK HERE →</span>  |                                |   |  |  |   |  |   |            |
| NAME<br>Bill Jones   |                                |   |  | ADDRESS<br>10405 E. Mary Street, Daytona Beach, FL 32114   |   |  |   |            |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                                |   |  |  |   |  |   |            |
| AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>N/A   |                                |   |  | <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2001-12 |   |  |   |            |
| AIRCRAFT LISTING (Give page number(s))<br>N/A  |                                |   |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)<br>N/A  |   |  |   |            |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                                |   |  |  |   |  |   |            |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417  |                                |   | TOTAL AIRFRAME HOURS<br>0                                      |  |   | <input type="checkbox"/> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)<br>0 |   |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 at seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.   |                                |   |  |  |   |  |   |            |
| DATE OF APPLICATION<br>07/16/2001  |                                |   | NAME AND TITLE (Print or type)<br>Bill Jones, Owner            |  |   | SIGNATURE<br><i>Bill Jones</i>   |   |            |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(a) applies)  |                                |   |  |  |   |  |   |            |
| <input type="checkbox"/> 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)   |                                | <input type="checkbox"/> 3 CERTIFICATED MECHANIC (Give Certificate No.) |  | <input type="checkbox"/> 6 CERTIFICATED REPAIR STATION (Give Certificate No.)  |   |  |   |            |
| <input type="checkbox"/> 5 AIRCRAFT MANUFACTURER (Give name or firm)   |                                |   |  |  |   |  |   |            |
| DATE   |                                |   | TITLE  |  |   | SIGNATURE  |   |            |
| (Check ALL applicable block items A and B)   |                                |   |  |  |   |  |   |            |
| A. I find that the aircraft described in Section I or VII meets requirements for   |                                |   |  | <input type="checkbox"/> 4 THE CERTIFICATE REQUESTED<br><input type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |   |  |   |            |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                                |   |  |  |   |  |   |            |
| FAA INSPECTOR  |                                |   | FAA DESIGNEE   |  |   |  |   |            |
| CERTIFICATE HOLDER UNDER   |                                |   | 14 CFR part 65   |  | 14 CFR part 121 OR 135  |  | 14 CFR part 145                                 |            |
| DATE   |                                | MIDO/FSDO OFFICE  |  | <input type="checkbox"/> 4 FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.   |   | <input type="checkbox"/> 1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE                                 |   |            |



**Figure D-17. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Experimental Category, Unmanned Aircraft (Face Side Only)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|   |                                 |   |   |  |   |  |   |            |
|---|---------------------------------|---|---|--|---|--|---|------------|
| <br>U.S. Department of Transportation<br>Federal Aviation Administration   |                                 | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |   |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |   |            |
| I. AIRCRAFT DESCRIPTION   | 1. REGISTRATION MARK<br>N9876   |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>General Atomics              |  | 3. AIRCRAFT MODEL DESIGNATION<br>Altair   |  | 4. YR. MFR.<br>2003                             | FAA CODING |
|   | 5. AIRCRAFT SERIAL NO.<br>AA001 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Honeywell International        |  | 7. ENGINE MODEL DESIGNATION<br>TPE33-10T  |  |   |            |
|   | 8. NUMBER OF ENGINES<br>1       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>McCaughey Propeller Systems |  | 10. PROPELLER MODEL DESIGNATION<br>3GFR36C606-B   |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)  |                                 |   |   |  |   |  |   |            |
| A <input type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)    NORMAL    UTILITY    ACROBATIC    TRANSPORT    COMMUTER    BALLOON    OTHER  |                                 |   |   |  |   |  |   |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                 |   |   |  |   |  |   |            |
| 7 PRIMARY<br>9 LIGHT-SPORT (Indicate class)    Airplane    Power-Parachute    Weight-Shift-Control    Glider    Lighter than Air<br>2 LIMITED<br>5 PROVISIONAL (Indicate class)    1 CLASS I    2 CLASS II  |                                 |   |   |  |   |  |   |            |
| 3 RESTRICTED (Indicate operation(s) to be conducted)    1 AGRICULTURE AND PEST CONTROL    2 AERIAL SURVEY    3 AERIAL ADVERTISING<br>4 FOREST (Wildlife conservation)    5 PATROLLING    6 WEATHER CONTROL<br>0 OTHER (Specify)   |                                 |   |   |  |   |  |   |            |
| 4 <input checked="" type="checkbox"/> EXPERIMENTAL (Indicate operation(s) to be conducted)    1 RESEARCH AND DEVELOPMENT    2 AMATEUR BUILT    3 EXHIBITION<br>4 AIR RACING    5 CREW TRAINING    6 MARKET SURVEY<br>0 TO SHOW COMPLIANCE WITH THE CFR    7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                 |   |   |  |   |  |   |            |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)    1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE<br>2 EVACUATE FROM AREA OF IMPENDING DANGER<br>3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT<br>4 DELIVERING OR EXPORTING    5 PRODUCTION FLIGHT TESTING<br>6 CUSTOMER DEMONSTRATION FLIGHTS  |                                 |   |   |  |   |  |   |            |
| C <input type="checkbox"/> 8 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)   |                                 |   |   |  |   |  |   |            |
| III. OWNER'S CERTIFICATION<br>A. REGISTERED OWNER (As shown on certificate of aircraft registration)    IF DEALER, CHECK HERE →<br>NAME: General Atomics Corp.    ADDRESS: P.O. Box 138, San Diego, CA 90804  |                                 |   |   |  |   |  |   |            |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)<br>AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)    N/A    AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application) <input checked="" type="checkbox"/> 2010-25<br>AIRCRAFT LISTING (Give page number(s))    N/A    SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)    N/A  |                                 |   |   |  |   |  |   |            |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS<br>CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417 <input checked="" type="checkbox"/> TOTAL AIRFRAME HOURS    505    3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)    58  |                                 |   |   |  |   |  |   |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.<br>DATE OF APPLICATION    12/15/2010    NAME AND TITLE (Print or type)    R.L. Brown, Operations Manager    SIGNATURE <i>R.L. Brown</i>  |                                 |   |   |  |   |  |   |            |
| IV. INSPECTION AGENCY VERIFICATION<br>A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)<br>2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)    3    CERTIFICATED MECHANIC (Give Certificate No.)    6    CERTIFICATED REPAIR STATION (Give Certificate No.)<br>5 AIRCRAFT MANUFACTURER (Give name or firm)<br>DATE    TITLE    SIGNATURE   |                                 |   |   |  |   |  |   |            |
| V. FAA REPRESENTATIVE CERTIFICATION<br>(Check ALL applicable block items A and B)<br>A. I find that the aircraft described in Section I or VII meets requirements for    4 THE CERTIFICATE REQUESTED<br>AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE<br>B. Inspection for a special flight permit under Section VII was conducted by:<br>FAA INSPECTOR    FAA DESIGNEE<br>CERTIFICATE HOLDER UNDER    14 CFR part 65    14 CFR part 121 OR 135    14 CFR part 145<br>DATE    MIFO/FSDO OFFICE    4    FAA INSPECTOR'S SIGNATURE OR DESIGNEE'S SIGNATURE AND NO.    1    FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |                                 |   |   |  |   |  |   |            |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-18a. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Ferry Flight for Repairs, Alterations, Maintenance, or Storage (Face Side)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

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|--|---|---|------------------------------------|---|---|-----------|---|---|--|--------------------|---|---|--|--------|---------|-----------|-----------|----------|---------|-------|---|---|---|--|--|--|--|--|--|--|--|--|---|---------|--|--|--|--|--|--|--|--|--|---|------------------------------|----------|-----------------|----------------------|--------|------------------|--|--|--|--|---|---------|--|--|--|--|--|--|--|--|--|---|------------------------------|---|---------|--|--|--|--|--|--|--|--|--|---|----------|--|--|--|--|--|--|--|---|--|---|------------------------------|--|---|---------------|--|---|--------------------|--|--|--|---|--------------------------------|--|---|------------|--|---|-----------------|--|--|--|---|-----------------|--|--|--|--|--|--|--|---|--|---|--------------------------|--|---|---------------|--|---|------------|--|--|--|---|------------|--|---|---------------|--|---|---------------|--|--|--|---|---------------------------------|--|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|----|---------------------------------|--|--|--|--|--|--|--|--|--|----|---|--|--|--|--|--|--|--|--|--|----|--------------------------|--|----|---------------|--|--|--|--|--|--|----|---------------|--|--|--|--|--|--|--|---|---|---|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|---|-------------------------|--|---|---------------------------|--|--|--|--|--|--|---|--------------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|------|--|--|--|--|---------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|----------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--------------------------------|--|--|-----------|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|---|---|--|--|---|--|--|--|---|--|--|---|---|--|--|--|--|--|--|--|--|--|------|--|--|--|--|-------|--|--|-----------|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---------------------------|--|--|--|--|--|---|--|--|--|---------------|--|--|--------------|--|--|--|--|--|--|--|--------------------------|--|--|----------------|--|------------------------|--|-----------------|------|--|-----------------|--|---|--|--|---|--|---|--|---|
|  U.S. Department of Transportation<br><b>Federal Aviation Administration</b>  |   | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>   |                                    |   | <b>INSTRUCTIONS - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable.</b> |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK                                      |   | 2. AIRCRAFT BUILDER'S NAME (Make)  |   | 3. AIRCRAFT MODEL DESIGNATION   |           | 4. YR. MFR.   |   | FAA CODING   |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 5. AIRCRAFT SERIAL NO.                                    |   | 6. ENGINE BUILDER'S NAME (Make)    |   | 7. ENGINE MODEL DESIGNATION   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 8. NUMBER OF ENGINES                                      |   | 9. PROPELLER BUILDER'S NAME (Make) |   | 10. PROPELLER MODEL DESIGNATION   |           |   | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">A</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 45%;">STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)</td> <td style="width: 10%; text-align: center;">NORMAL</td> <td style="width: 10%; text-align: center;">UTILITY</td> <td style="width: 10%; text-align: center;">ACROBATIC</td> <td style="width: 10%; text-align: center;">TRANSPORT</td> <td style="width: 10%; text-align: center;">COMMUTER</td> <td style="width: 10%; text-align: center;">BALLOON</td> <td style="width: 10%; text-align: center;">OTHER</td> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">7</td> <td>SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)</td> <td colspan="8"></td> </tr> <tr> <td></td> <td style="text-align: center;">7</td> <td>PRIMARY</td> <td colspan="8"></td> </tr> <tr> <td></td> <td style="text-align: center;">9</td> <td>LIGHT-SPORT (Indicate Class)</td> <td style="text-align: center;">Airplane</td> <td style="text-align: center;">Power-Parachute</td> <td style="text-align: center;">Weight-Shift-Control</td> <td style="text-align: center;">Glider</td> <td style="text-align: center;">Lighter than Air</td> <td colspan="3"></td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td>LIMITED</td> <td colspan="8"></td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td>PROVISIONAL (Indicate class)</td> <td style="text-align: center;">1</td> <td colspan="2">CLASS I</td> <td colspan="5"></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">2</td> <td colspan="2">CLASS II</td> <td colspan="5"></td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td>RESTRICTED (Indicate operation(s) to be conducted)</td> <td style="text-align: center;">1</td> <td colspan="2">AGRICULTURE AND PEST CONTROL</td> <td style="text-align: center;">2</td> <td colspan="2">AERIAL SURVEY</td> <td style="text-align: center;">3</td> <td colspan="1">AERIAL ADVERTISING</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">4</td> <td colspan="2">FOREST (Wildlife conservation)</td> <td style="text-align: center;">5</td> <td colspan="2">PATROLLING</td> <td style="text-align: center;">6</td> <td colspan="1">WEATHER CONTROL</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0</td> <td colspan="7">OTHER (Specify)</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td>EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td style="text-align: center;">1</td> <td colspan="2">RESEARCH AND DEVELOPMENT</td> <td style="text-align: center;">2</td> <td colspan="2">AMATEUR BUILT</td> <td style="text-align: center;">3</td> <td colspan="1">EXHIBITION</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">4</td> <td colspan="2">AIR RACING</td> <td style="text-align: center;">5</td> <td colspan="2">CREW TRAINING</td> <td style="text-align: center;">6</td> <td colspan="1">MARKET SURVEY</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">0</td> <td colspan="7">TO SHOW COMPLIANCE WITH THE CFR</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">7</td> <td colspan="7">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">8A</td> <td colspan="7">Existing aircraft without an airworthiness certificate &amp; 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OWNER'S CERTIFICATION</td> </tr> <tr> <td colspan="5">A. REGISTERED OWNER (As shown on certificate of aircraft registration)</td> <td colspan="6" style="text-align: center;">IF DEALER, CHECK HERE →</td> </tr> <tr> <td colspan="5">NAME</td> <td colspan="6">ADDRESS</td> </tr> <tr> <td colspan="11">B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)</td> </tr> <tr> <td colspan="5">AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)</td> <td colspan="6">AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)</td> </tr> <tr> <td colspan="5">AIRCRAFT LISTING (Give page number(s))</td> <td colspan="6">SUPPLEMENTAL TYPE CERTIFICATE (Last number of each STC incorporated)</td> </tr> <tr> <td colspan="11">C. 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INSPECTION AGENCY VERIFICATION</td> </tr> <tr> <td colspan="11">A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)</td> <td style="text-align: center;">3</td> <td colspan="3">CERTIFICATED MECHANIC (Give Certificate No.)</td> <td style="text-align: center;">6</td> <td colspan="2">CERTIFICATED REPAIR STATION (Give Certificate No.)</td> </tr> <tr> <td style="text-align: center;">5</td> <td colspan="10">AIRCRAFT MANUFACTURER (Give name or firm)</td> </tr> <tr> <td colspan="5">DATE</td> <td colspan="3">TITLE</td> <td colspan="3">SIGNATURE</td> </tr> <tr> <td colspan="11" style="text-align: center;">V. FAA REPRESENTATIVE CERTIFICATION</td> </tr> <tr> <td colspan="11">(Check ALL applicable block items A and B)</td> </tr> <tr> <td colspan="4">A. 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Inspection for a special flight permit under Section VII was conducted by:</td> <td colspan="3">FAA INSPECTOR</td> <td colspan="4">FAA DESIGNEE</td> </tr> <tr> <td colspan="4"></td> <td colspan="3">CERTIFICATE HOLDER UNDER</td> <td colspan="2">14 CFR part 65</td> <td colspan="2">14 CFR part 121 OR 135</td> <td colspan="1">14 CFR part 145</td> </tr> <tr> <td colspan="2">DATE</td> <td colspan="2">MIDO/SDO OFFICE</td> <td colspan="3">4</td> <td colspan="2">FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO.</td> <td colspan="2">1</td> <td colspan="1">FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE</td> </tr> </table> |   |   |                                    |   |   |           |   |   |  |                    | A   | 1 | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) | NORMAL | UTILITY | ACROBATIC | TRANSPORT | COMMUTER | BALLOON | OTHER | B | 7 | SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items) |  |  |  |  |  |  |  |  |  | 7 | PRIMARY |  |  |  |  |  |  |  |  |  | 9 | LIGHT-SPORT (Indicate Class) | Airplane | Power-Parachute | Weight-Shift-Control | Glider | Lighter than Air |  |  |  |  | 2 | LIMITED |  |  |  |  |  |  |  |  |  | 5 | PROVISIONAL (Indicate class) | 1 | CLASS I |  |  |  |  |  |  |  |  |  | 2 | CLASS II |  |  |  |  |  |  |  | 3 | RESTRICTED (Indicate operation(s) to be conducted) | 1 | AGRICULTURE AND PEST CONTROL |  | 2 | AERIAL SURVEY |  | 3 | AERIAL ADVERTISING |  |  |  | 4 | FOREST (Wildlife conservation) |  | 5 | PATROLLING |  | 6 | WEATHER CONTROL |  |  |  | 0 | OTHER (Specify) |  |  |  |  |  |  |  | 4 | EXPERIMENTAL (Indicate operation(s) to be conducted) | 1 | RESEARCH AND DEVELOPMENT |  | 2 | AMATEUR BUILT |  | 3 | EXHIBITION |  |  |  | 4 | AIR RACING |  | 5 | CREW TRAINING |  | 6 | MARKET SURVEY |  |  |  | 0 | TO SHOW COMPLIANCE WITH THE CFR |  |  |  |  |  |  |  |  |  | 7 | OPERATING (Primary Category) KIT BUILT AIRCRAFT |  |  |  |  |  |  |  |  |  | 8A | Existing aircraft without an airworthiness certificate & do not meet § 103.1 |  |  |  |  |  |  |  |  |  | 8B | Operating Light-Sport Kit-built |  |  |  |  |  |  |  |  |  | 8C | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |  |  |  |  |  |  |  | 9A | RESEARCH AND DEVELOPMENT |  | 9C | CREW TRAINING |  |  |  |  |  |  | 9B | MARKET SURVEY |  |  |  |  |  |  |  | 8 | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) | 1 | ✓ FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE |  |  |  |  |  |  |  |  |  | 2 | EVACUATE FROM AREA OF IMPENDING DANGER |  |  |  |  |  |  |  |  |  | 3 | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  |  |  |  |  |  | 4 | DELIVERING OR EXPORTING |  | 5 | PRODUCTION FLIGHT TESTING |  |  |  |  |  |  | 6 | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |  |  | C 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable) |  |  |  |  |  |  |  |  |  |  | III. 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AIRCRAFT OPERATION AND MAINTENANCE RECORDS |  |  |  |  |  |  |  |  |  |  | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417 |  |  |  |  | TOTAL AIRFRAME HOURS |  |  | 3 | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |  |  | D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |  |  |  |  |  |  |  |  |  |  | DATE OF APPLICATION |  |  |  |  | NAME AND TITLE (Print or type) |  |  | SIGNATURE |  |  | IV. INSPECTION AGENCY VERIFICATION |  |  |  |  |  |  |  |  |  |  | A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies) |  |  |  |  |  |  |  |  |  |  | 2 | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) |  |  | 3 | CERTIFICATED MECHANIC (Give Certificate No.) |  |  | 6 | CERTIFICATED REPAIR STATION (Give Certificate No.) |  | 5 | AIRCRAFT MANUFACTURER (Give name or firm) |  |  |  |  |  |  |  |  |  | DATE |  |  |  |  | TITLE |  |  | SIGNATURE |  |  | V. FAA REPRESENTATIVE CERTIFICATION |  |  |  |  |  |  |  |  |  |  | (Check ALL applicable block items A and B) |  |  |  |  |  |  |  |  |  |  | A. I find that the aircraft described in Section I or VII meets requirements for |  |  |  | 4 | THE CERTIFICATE REQUESTED |  |  |  |  |  | B. Inspection for a special flight permit under Section VII was conducted by: |  |  |  | FAA INSPECTOR |  |  | FAA DESIGNEE |  |  |  |  |  |  |  | CERTIFICATE HOLDER UNDER |  |  | 14 CFR part 65 |  | 14 CFR part 121 OR 135 |  | 14 CFR part 145 | DATE |  | MIDO/SDO OFFICE |  | 4 |  |  | FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. |  | 1 |  | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |
| A  | 1   | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)  | NORMAL                             | UTILITY   | ACROBATIC   | TRANSPORT | COMMUTER  | BALLOON   | OTHER  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| B  | 7   | SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 7   | PRIMARY   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 9   | LIGHT-SPORT (Indicate Class)  | Airplane                           | Power-Parachute   | Weight-Shift-Control  | Glider    | Lighter than Air  |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 2   | LIMITED   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 5   | PROVISIONAL (Indicate class)  | 1                                  | CLASS I   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 2                                  | CLASS II  |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 3   | RESTRICTED (Indicate operation(s) to be conducted)  | 1                                  | AGRICULTURE AND PEST CONTROL  |   | 2         | AERIAL SURVEY   |   | 3  | AERIAL ADVERTISING |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 4                                  | FOREST (Wildlife conservation)  |   | 5         | PATROLLING  |   | 6  | WEATHER CONTROL    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 0                                  | OTHER (Specify)   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 4   | EXPERIMENTAL (Indicate operation(s) to be conducted)  | 1                                  | RESEARCH AND DEVELOPMENT  |   | 2         | AMATEUR BUILT   |   | 3  | EXHIBITION         |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 4                                  | AIR RACING  |   | 5         | CREW TRAINING   |   | 6  | MARKET SURVEY      |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 0                                  | TO SHOW COMPLIANCE WITH THE CFR   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 7                                  | OPERATING (Primary Category) KIT BUILT AIRCRAFT   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 8A                                 | Existing aircraft without an airworthiness certificate & do not meet § 103.1                                  |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 8B                                 | Operating Light-Sport Kit-built   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 8C                                 | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 9A                                 | RESEARCH AND DEVELOPMENT  |   | 9C        | CREW TRAINING   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 9B                                 | MARKET SURVEY   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  | 8   | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) | 1                                  | ✓ FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE  |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 2                                  | EVACUATE FROM AREA OF IMPENDING DANGER  |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 3                                  | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 4                                  | DELIVERING OR EXPORTING   |   | 5         | PRODUCTION FLIGHT TESTING                                 |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   | 6                                  | CUSTOMER DEMONSTRATION FLIGHTS  |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| C 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)  |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| III. OWNER'S CERTIFICATION   |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration)   |   |   |                                    |   | IF DEALER, CHECK HERE →   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| NAME   |   |   |                                    |   | ADDRESS   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)  |   |   |                                    |   | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| AIRCRAFT LISTING (Give page number(s))   |   |   |                                    |   | SUPPLEMENTAL TYPE CERTIFICATE (Last number of each STC incorporated)  |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417  |   |   |                                    |   | TOTAL AIRFRAME HOURS  |           |   | 3   | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.   |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| DATE OF APPLICATION  |   |   |                                    |   | NAME AND TITLE (Print or type)  |           |   | SIGNATURE                                       |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| IV. INSPECTION AGENCY VERIFICATION   |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)  |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| 2  | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) |   |                                    | 3   | CERTIFICATED MECHANIC (Give Certificate No.)  |           |   | 6   | CERTIFICATED REPAIR STATION (Give Certificate No.)                             |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| 5  | AIRCRAFT MANUFACTURER (Give name or firm)                 |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| DATE   |   |   |                                    |   | TITLE   |           |   | SIGNATURE                                       |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| V. FAA REPRESENTATIVE CERTIFICATION  |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| (Check ALL applicable block items A and B)   |   |   |                                    |   |   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| A. I find that the aircraft described in Section I or VII meets requirements for   |   |   |                                    | 4   | THE CERTIFICATE REQUESTED   |           |   |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| B. Inspection for a special flight permit under Section VII was conducted by:  |   |   |                                    | FAA INSPECTOR   |   |           | FAA DESIGNEE  |   |  |                    |   |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
|  |   |   |                                    | CERTIFICATE HOLDER UNDER  |   |           | 14 CFR part 65  |   | 14 CFR part 121 OR 135   |                    | 14 CFR part 145                                     |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |
| DATE   |   | MIDO/SDO OFFICE   |                                    | 4   |   |           | FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. |   | 1  |                    | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |   |  |        |         |           |           |          |         |       |   |   |   |  |  |  |  |  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |          |                 |                      |        |                  |  |  |  |  |   |         |  |  |  |  |  |  |  |  |  |   |                              |   |         |  |  |  |  |  |  |  |  |  |   |          |  |  |  |  |  |  |  |   |  |   |                              |  |   |               |  |   |                    |  |  |  |   |                                |  |   |            |  |   |                 |  |  |  |   |                 |  |  |  |  |  |  |  |   |  |   |                          |  |   |               |  |   |            |  |  |  |   |            |  |   |               |  |   |               |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |    |                                 |  |  |  |  |  |  |  |  |  |    |   |  |  |  |  |  |  |  |  |  |    |                          |  |    |               |  |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |  |   |                                |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |         |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                      |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |                                |  |  |           |  |  |                                    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |   |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |      |  |  |  |  |       |  |  |           |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                           |  |  |  |  |  |   |  |  |  |               |  |  |              |  |  |  |  |  |  |  |                          |  |  |                |  |                        |  |                 |      |  |                 |  |   |  |  |   |  |   |  |   |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-18b. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Ferry Flight for Repairs, Alterations, Maintenance, or Storage (Reverse Side) (cont'd.)**

|   |   |  |
|---|---|--|
| VI. PRODUCTION FLIGHT TESTING   | A. MANUFACTURER   |  |
|   | NAME  | ADDRESS  |
|   | B. PRODUCTION BASIS (Check applicable item)   |  |
|   | <input type="checkbox"/>  | PRODUCTION CERTIFICATE (Give production certificate number)  |
|   | <input type="checkbox"/>  | TYPE CERTIFICATE   |
|   | OTHER:  |  |
| C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS   |   |  |
| DATE OF APPLICATION   | NAME AND TITLE (Print or type)  | SIGNATURE  |
| VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST   | A. DESCRIPTION OF AIRCRAFT  |  |
|   | REGISTERED OWNER<br>Robert F. Turner  | ADDRESS<br>4623 Mountainview Drive, Waterloo, IA 50701   |
|   | BUILDER (Make)<br>Bellanca  | MODEL<br>14-19-2   |
|   | SERIAL NUMBER<br>4099   | REGISTRATION MARK<br>N254B   |
|   | B. DESCRIPTION OF FLIGHT  |  |
|   | CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)               |  |
|   | FROM<br>Waterloo, IA  | TO<br>Des Moines, IA   |
|   | VIA   | DEPARTURE DATE<br>11/20/2009   |
|   |   | DURATION<br>1 day  |
|   | C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT                                  |  |
|   | <input checked="" type="checkbox"/>   | PILOT  |
|   | <input type="checkbox"/>  | CO-PILOT   |
|   | <input type="checkbox"/>  | FLIGHT ENGINEER  |
| <input type="checkbox"/>  | OTHER (Specify)   |  |
| D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:<br>Aircraft damaged in landing accident. Temporary repairs have been made for one flight to repair shop at Des Moines - Dodge Airport, where permanent repairs will be made.  |   |  |
| E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION. (Use attachment if necessary)  |   |  |
| <ol style="list-style-type: none"> <li>Airspeed should not exceed 115 MPH</li> <li>Landing gear should not be retracted.</li> <li>No passengers or cargo should be carried.</li> </ol>  |   |  |
| F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq</u> and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described. |   |  |
| DATE<br>11/10/2009  | NAME AND TITLE (Print or type)<br>Robert F. Turner, Owner                                   |  |
|   | SIGNATURE<br><i>Robert F. Turner</i>  |  |
| VIII. AIRWORTHINESS DOCUMENTATION (FAA/DESIGNEE use only)   | A. Operating Limitations and Markings in Compliance With 14 CFR Section 91.9, As Applicable | G. Statement of Conformity, FAA Form 8130-9 (Attach when required)   |
|   | B. Current Operating Limitations Attached   | H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)                                  |
|   | C. Data, Drawings, Photographs, etc. (Attach when required)                                 | I. Previous Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ CAR _____ (Original attached) |
|   | D. Current Weight and Balance Information Available in Aircraft                             | J. Current Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ (Copy attached)                |
|   | E. Major Repair and Alteration, FAA Form 337 (Attach when required)                         | K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)                           |
|   | F. This inspection Recorded in Aircraft Records   |  |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-19a. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Ferry Flight in Excess of Maximum Take-Off Weight (Face Side)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                        |   |                                    |  |   |  |   |  |
|--|------------------------|---|------------------------------------|--|---|--|---|--|
| <br>U.S. Department of Transportation<br>Federal Aviation Administration  |                        | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |                                    |  | <b>INSTRUCTIONS - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable.</b> |  |   |  |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK   |   | 2. AIRCRAFT BUILDER'S NAME (Make)  |  | 3. AIRCRAFT MODEL DESIGNATION   |  | 4. YR. MFR. FAA CODING                          |  |
|  | 5. AIRCRAFT SERIAL NO. |   | 6. ENGINE BUILDER'S NAME (Make)    |  | 7. ENGINE MODEL DESIGNATION   |  |   |  |
|  | 8. NUMBER OF ENGINES   |   | 9. PROPELLER BUILDER'S NAME (Make) |  | 10. PROPELLER MODEL DESIGNATION   |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |  |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                        |   |                                    |  |   |  |   |  |
| A 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER  |                        |   |                                    |  |   |  |   |  |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                        |   |                                    |  |   |  |   |  |
| 7 PRIMARY  |                        |   |                                    |  |   |  |   |  |
| 9 LIGHT-SPORT (Indicate class) <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                        |   |                                    |  |   |  |   |  |
| 2 LIMITED  |                        |   |                                    |  |   |  |   |  |
| 5 PROVISIONAL (Indicate class)   |                        |   |                                    |  |   |  |   |  |
| 3 RESTRICTED (Indicate operation(s) to be conducted)   |                        |   |                                    |  |   |  |   |  |
| 1 CLASS I  |                        |   |                                    |  |   |  |   |  |
| 2 CLASS II   |                        |   |                                    |  |   |  |   |  |
| 1 AGRICULTURE AND PEST CONTROL <input type="checkbox"/> 2 AERIAL SURVEY <input type="checkbox"/> 3 AERIAL ADVERTISING  |                        |   |                                    |  |   |  |   |  |
| 4 FOREST (Wildlife conservation) <input type="checkbox"/> 5 PATROLLING <input type="checkbox"/> 6 WEATHER CONTROL  |                        |   |                                    |  |   |  |   |  |
| 0 OTHER (Specify)  |                        |   |                                    |  |   |  |   |  |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)   |                        |   |                                    |  |   |  |   |  |
| 1 RESEARCH AND DEVELOPMENT <input type="checkbox"/> 2 AMATEUR BUILT <input type="checkbox"/> 3 EXHIBITION  |                        |   |                                    |  |   |  |   |  |
| 4 AIR RACING <input type="checkbox"/> 5 CREW TRAINING <input type="checkbox"/> 6 MARKET SURVEY   |                        |   |                                    |  |   |  |   |  |
| 0 TO SHOW COMPLIANCE WITH THE CFR <input type="checkbox"/> 7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                        |   |                                    |  |   |  |   |  |
| 8 <input checked="" type="checkbox"/> SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |                        |   |                                    |  |   |  |   |  |
| 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |                        |   |                                    |  |   |  |   |  |
| 2 EVACUATE FROM AREA OF IMPENDING DANGER   |                        |   |                                    |  |   |  |   |  |
| 3 <input checked="" type="checkbox"/> OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |                        |   |                                    |  |   |  |   |  |
| 4 DELIVERING OR EXPORTING <input type="checkbox"/> 5 PRODUCTION FLIGHT TESTING   |                        |   |                                    |  |   |  |   |  |
| 6 CUSTOMER DEMONSTRATION FLIGHTS   |                        |   |                                    |  |   |  |   |  |
| C <input type="checkbox"/> MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                        |   |                                    |  |   |  |   |  |
| III. OWNER'S CERTIFICATION   |                        |   |                                    |  |   |  |   |  |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration) <input type="checkbox"/> IF DEALER, CHECK HERE →  |                        |   |                                    |  |   |  |   |  |
| NAME ADDRESS   |                        |   |                                    |  |   |  |   |  |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                        |   |                                    |  |   |  |   |  |
| AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) <input type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)   |                        |   |                                    |  |   |  |   |  |
| AIRCRAFT LISTING (Give page number(s)) <input type="checkbox"/> SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |                        |   |                                    |  |   |  |   |  |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                        |   |                                    |  |   |  |   |  |
| CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417 <input type="checkbox"/> TOTAL AIRFRAME HOURS <input type="checkbox"/> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |                        |   |                                    |  |   |  |   |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                        |   |                                    |  |   |  |   |  |
| DATE OF APPLICATION NAME AND TITLE (Print or type) SIGNATURE   |                        |   |                                    |  |   |  |   |  |
| IV. INSPECTION AGENCY VERIFICATION   |                        |   |                                    |  |   |  |   |  |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)  |                        |   |                                    |  |   |  |   |  |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) <input type="checkbox"/> 3 CERTIFICATED MECHANIC (Give Certificate No.) <input type="checkbox"/> 6 CERTIFICATED REPAIR STATION (Give Certificate No.)  |                        |   |                                    |  |   |  |   |  |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)  |                        |   |                                    |  |   |  |   |  |
| DATE TITLE SIGNATURE   |                        |   |                                    |  |   |  |   |  |
| V. FAA REPRESENTATIVE CERTIFICATION  |                        |   |                                    |  |   |  |   |  |
| (Check ALL applicable block items A and B)   |                        |   |                                    |  |   |  |   |  |
| A. I find that the aircraft described in Section I or VII meets requirements for <input type="checkbox"/> 4 THE CERTIFICATE REQUESTED <input type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                        |   |                                    |  |   |  |   |  |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                        |   |                                    |  |   |  |   |  |
| FAA INSPECTOR  |                        |   |                                    |  |   |  |   |  |
| CERTIFICATE HOLDER UNDER <input type="checkbox"/> 14 CFR part 65 <input type="checkbox"/> 14 CFR part 121 OR 135 <input type="checkbox"/> 14 CFR part 145  |                        |   |                                    |  |   |  |   |  |
| DATE MIDO/FSDO OFFICE <input type="checkbox"/> 4 FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. <input type="checkbox"/> 1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |                        |   |                                    |  |   |  |   |  |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-19b. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Ferry Flight in Excess of Maximum Take-Off Weight (Reverse Side) (cont'd.)**

|  |   |                 |  |                     |
|--|---|-----------------|--|---------------------|
| VI. PRODUCTION FLIGHT TESTING  | A. MANUFACTURER   |                 |  |                     |
|  | NAME  |                 | ADDRESS  |                     |
|  | B. PRODUCTION BASIS (Check applicable item)   |                 |  |                     |
|  | PRODUCTION CERTIFICATE (Give production certificate number)                                 |                 | _____  |                     |
|  | TYPE CERTIFICATE  |                 | _____  |                     |
| OTHER:   |   |                 |  |                     |
| C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS  |   |                 |  |                     |
| DATE OF APPLICATION  | NAME AND TITLE (Print or type)  |                 | SIGNATURE  |                     |
|  |   |                 |  |                     |
| VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST  | A. DESCRIPTION OF AIRCRAFT  |                 |  |                     |
|  | REGISTERED OWNER<br>Weldon H. Jackson   |                 | ADDRESS<br>P.O. Box 945, Maui, HI 96782  |                     |
|  | BUILDER (Make)<br>Piper   |                 | MODEL<br>PA 23-250F  |                     |
|  | SERIAL NUMBER<br>27-4173  |                 | REGISTRATION MARK<br>N4588P  |                     |
|  | B. DESCRIPTION OF FLIGHT  |                 |  |                     |
|  | FROM<br>ELP   |                 | TO<br>HNL  |                     |
|  | VIA<br>SJC  |                 | DEPARTURE DATE<br>11/20/2009   | DURATION<br>10 days |
|  | C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT                                  |                 |  |                     |
|  | <input checked="" type="checkbox"/>   | PILOT           | <input type="checkbox"/>   | CO-PILOT            |
|  | <input type="checkbox"/>  | FLIGHT ENGINEER | <input type="checkbox"/>   | OTHER (Specify)     |
| D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:  |   |                 |  |                     |
| Temporary Ferry Fuel System installed in accordance with FAA Form 337, "Major Repair and Alteration" dated 11/5/2009.<br>Gross weight not to exceed 110% of certified takeoff weight.  |   |                 |  |                     |
| E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)   |   |                 |  |                     |
| 1. When the aircraft is in an overweight condition, the design cruise speed should not exceed 162 MPH.<br>2. The fuel quantity should not exceed 120 gallons in the forward tank and 35 gallons in the aft tank.<br>3. The sequence of use of the ferry tanks shall be as shown by a temporary placard installed in full view of the pilot.  |   |                 |  |                     |
| F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described. |   |                 |  |                     |
| DATE   | NAME AND TITLE (Print or type)  |                 | SIGNATURE  |                     |
| 11/10/2009   | Dan Brown, Agent  |                 | Dan Brown  |                     |
| VIII. AIRWORTHINESS DOCUMENTATION (FAA-DESIGNEE use only)  | A. Operating Limitations and Markings in Compliance With 14 CFR Section 91.9, As Applicable |                 | G. Statement of Conformity, FAA Form 8130-9 (Attach when required)   |                     |
|  | B. Current Operating Limitations Attached   |                 | H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)                                  |                     |
|  | C. Data, Drawings, Photographs, etc. (Attach when required)                                 |                 | I. Previous Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ CAR _____ (Original attached) |                     |
|  | D. Current Weight and Balance Information Available in Aircraft                             |                 | J. Current Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ (Copy attached)                |                     |
|  | E. Major Repair and Alteration, FAA Form 337 (Attach when required)                         |                 | K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)                           |                     |
|  | F. This inspection Recorded in Aircraft Records   |                 |  |                     |

FAA Form 8130-6 (04-11) All Previous Editions Superseded



**Figure D-20b. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Production Flight Testing (Reverse Side) (cont'd)**

|  |   |   |  |                                 |
|--|---|---|--|---------------------------------|
| VI. PRODUCTION FLIGHT TESTING  | A. MANUFACTURER   |   |  |                                 |
|  | NAME<br>Cessna Aircraft Company   |   | ADDRESS<br>1 Cessna Boulevard, Wichita, KS 67215   |                                 |
|  | B. PRODUCTION BASIS (Check applicable item)   |   |  |                                 |
|  | <input checked="" type="checkbox"/>   | PRODUCTION CERTIFICATE (Give production certificate number) |  | 123                             |
|  | <input type="checkbox"/>  | TYPE CERTIFICATE  |  |                                 |
| VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST  | C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS <b>10</b>                     |   |  |                                 |
|  | DATE OF APPLICATION<br>06/01/2002   | NAME AND TITLE (Print or type)<br>Joe Quality, Manager      |  | SIGNATURE<br><i>Joe Quality</i> |
|  | A. DESCRIPTION OF AIRCRAFT  |   |  |                                 |
|  | REGISTERED OWNER  |   | ADDRESS  |                                 |
|  | BUILDER (Make)  |   | MODEL  |                                 |
|  | SERIAL NUMBER   |   | REGISTRATION MARK  |                                 |
|  | B. DESCRIPTION OF FLIGHT  |   |  |                                 |
|  | FROM  |   | TO   |                                 |
|  | VIA   |   | DEPARTURE DATE   | DURATION                        |
|  | C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT                                  |   |  |                                 |
| <input type="checkbox"/>   | PILOT   | <input type="checkbox"/>                                    | CO-PILOT   | <input type="checkbox"/>        |
| <input type="checkbox"/>   | FLIGHT ENGINEER   |   | <input type="checkbox"/>   |                                 |
| OTHER (Specify)  |   |   |  |                                 |
| D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:  |   |   |  |                                 |
|  |   |   |  |                                 |
| E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)   |   |   |  |                                 |
|  |   |   |  |                                 |
| F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is safe for the flight described. |   |   |  |                                 |
| DATE   | NAME AND TITLE (Print or type)  |   | SIGNATURE  |                                 |
|  |   |   |  |                                 |
| VIII. AIRWORTHINESS DOCUMENTATION (FAA/DESIGNEE use only)  | A. Operating Limitations and Markings in Compliance With 14 CFR Section 91.9, As Applicable |   | G. Statement of Conformity, FAA Form 8130-9 (Attach when required)   |                                 |
|  | B. Current Operating Limitations Attached   |   | H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)                                  |                                 |
|  | C. Data, Drawings, Photographs, etc. (Attach when required)                                 |   | I. Previous Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ CAR _____ (Original attached) |                                 |
|  | D. Current Weight and Balance Information Available in Aircraft                             |   | J. Current Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ (Copy attached)                |                                 |
|  | E. Major Repair and Alteration, FAA Form 337 (Attach when required)                         |   | K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)                           |                                 |
|  | F. This inspection Recorded in Aircraft Records   |   |  |                                 |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-21a. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Production Flight Testing, Light-Sport Aircraft Manufacturer (Face Side)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                                 |   |   |  |   |  |   |            |
|--|---------------------------------|---|---|--|---|--|---|------------|
| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>   |                                 | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |   |  | <b>INSTRUCTIONS - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable.</b> |  |   |            |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK<br>N1234LS |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Acme Company |  | 3. AIRCRAFT MODEL DESIGNATION<br>Pegasus  |  | 4. YR. MFR.<br>2010                             | FAA CODING |
|  | 5. AIRCRAFT SERIAL NO.<br>0007  |   | 6. ENGINE BUILDER'S NAME (Make)<br>Rotax          |  | 7. ENGINE MODEL DESIGNATION<br>912UL  |  |   |            |
|  | 8. NUMBER OF ENGINES<br>1       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>IVO         |  | 10. PROPELLER MODEL DESIGNATION<br>3 blade  |  | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                                 |   |   |  |   |  |   |            |
| A <input type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER   |                                 |   |   |  |   |  |   |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                                 |   |   |  |   |  |   |            |
| 7 PRIMARY  |                                 |   |   |  |   |  |   |            |
| 9 LIGHT-SPORT (Indicate class) <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                                 |   |   |  |   |  |   |            |
| 2 LIMITED  |                                 |   |   |  |   |  |   |            |
| 5 PROVISIONAL (Indicate class)   |                                 |   |   |  |   |  |   |            |
| 3 RESTRICTED (Indicate operation(s) to be conducted)   |                                 |   |   |  |   |  |   |            |
| 1 CLASS I  |                                 |   |   |  |   |  |   |            |
| 2 CLASS II   |                                 |   |   |  |   |  |   |            |
| 1 AGRICULTURE AND PEST CONTROL <input type="checkbox"/> 2 AERIAL SURVEY <input type="checkbox"/> 3 AERIAL ADVERTISING  |                                 |   |   |  |   |  |   |            |
| 4 FOREST (Wildlife conservation) <input type="checkbox"/> 5 PATROLLING <input type="checkbox"/> 6 WEATHER CONTROL  |                                 |   |   |  |   |  |   |            |
| 0 OTHER (Specify)  |                                 |   |   |  |   |  |   |            |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)   |                                 |   |   |  |   |  |   |            |
| 1 RESEARCH AND DEVELOPMENT <input type="checkbox"/> 2 AMATEUR BUILT <input type="checkbox"/> 3 EXHIBITION  |                                 |   |   |  |   |  |   |            |
| 4 AIR RACING <input type="checkbox"/> 5 CREW TRAINING <input type="checkbox"/> 6 MARKET SURVEY   |                                 |   |   |  |   |  |   |            |
| 0 TO SHOW COMPLIANCE WITH THE CFR <input type="checkbox"/> 7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                 |   |   |  |   |  |   |            |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |                                 |   |   |  |   |  |   |            |
| 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |                                 |   |   |  |   |  |   |            |
| 2 EVACUATE FROM AREA OF IMPENDING DANGER   |                                 |   |   |  |   |  |   |            |
| 3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |                                 |   |   |  |   |  |   |            |
| 4 DELIVERING OR EXPORTING <input type="checkbox"/> 5 <input checked="" type="checkbox"/> PRODUCTION FLIGHT TESTING   |                                 |   |   |  |   |  |   |            |
| 6 CUSTOMER DEMONSTRATION FLIGHTS   |                                 |   |   |  |   |  |   |            |
| C <input type="checkbox"/> 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                                 |   |   |  |   |  |   |            |
| III. OWNER'S CERTIFICATION   |                                 |   |   |  |   |  |   |            |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration) <input type="checkbox"/> IF DEALER, CHECK HERE →  |                                 |   |   |  |   |  |   |            |
| NAME ADDRESS   |                                 |   |   |  |   |  |   |            |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                                 |   |   |  |   |  |   |            |
| AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) <input type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)   |                                 |   |   |  |   |  |   |            |
| AIRCRAFT LISTING (Give page number(s)) <input type="checkbox"/> SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |                                 |   |   |  |   |  |   |            |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                                 |   |   |  |   |  |   |            |
| CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417 <input type="checkbox"/> TOTAL AIRFRAME HOURS <input type="checkbox"/> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |                                 |   |   |  |   |  |   |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                                 |   |   |  |   |  |   |            |
| DATE OF APPLICATION NAME AND TITLE (Print or type) SIGNATURE   |                                 |   |   |  |   |  |   |            |
| IV. INSPECTION AGENCY VERIFICATION   |                                 |   |   |  |   |  |   |            |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)  |                                 |   |   |  |   |  |   |            |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) <input type="checkbox"/> 3 CERTIFICATED MECHANIC (Give Certificate No.) <input type="checkbox"/> 6 CERTIFICATED REPAIR STATION (Give Certificate No.)  |                                 |   |   |  |   |  |   |            |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)  |                                 |   |   |  |   |  |   |            |
| DATE TITLE SIGNATURE   |                                 |   |   |  |   |  |   |            |
| V. FAA REPRESENTATIVE CERTIFICATION  |                                 |   |   |  |   |  |   |            |
| (Check ALL applicable block items A and B)   |                                 |   |   |  |   |  |   |            |
| A. I find that the aircraft described in Section I or VII meets requirements for <input type="checkbox"/> 4 THE CERTIFICATE REQUESTED <input type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                                 |   |   |  |   |  |   |            |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                                 |   |   |  |   |  |   |            |
| FAA INSPECTOR  |                                 |   |   |  |   |  |   |            |
| CERTIFICATE HOLDER UNDER <input type="checkbox"/> 14 CFR part 65 <input type="checkbox"/> 14 CFR part 121 OR 135 <input type="checkbox"/> 14 CFR part 145  |                                 |   |   |  |   |  |   |            |
| DATE MIDO/FSDO OFFICE <input type="checkbox"/> 4 FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. <input type="checkbox"/> 1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |                                 |   |   |  |   |  |   |            |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-21b. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Production Flight Testing, Light-Sport Aircraft Manufacturer (Reverse Side) (cont'd.)**

|  |  |   |  |
|--|--|---|--|
| VI. PRODUCTION FLIGHT TESTING  | A. MANUFACTURER  |   |  |
|  | NAME<br>ACME Co.   | ADDRESS<br>420 W Jackson, Mexico, MO 65265  |  |
|  | B. PRODUCTION BASIS (Check applicable item)  |   |  |
|  | <input type="checkbox"/> PRODUCTION CERTIFICATE (Give production certificate number)                     | _____   |  |
|  | <input type="checkbox"/> TYPE CERTIFICATE  | _____   |  |
| C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS <b>1</b>   |  |   |  |
| DATE OF APPLICATION<br>09/01/2010  | NAME AND TITLE (Print or type)<br>Joseph Quality, Manager, Q.A   | SIGNATURE<br><i>Joseph Quality</i>  |  |
| VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST  | A. DESCRIPTION OF AIRCRAFT   |   |  |
|  | REGISTERED OWNER   | ADDRESS   |  |
|  | BUILDER (Make)   | MODEL   |  |
|  | SERIAL NUMBER  | REGISTRATION MARK   |  |
|  | B. DESCRIPTION OF FLIGHT   |   |  |
|  | FROM   | TO  |  |
|  | VIA  | DEPARTURE DATE  | DURATION                                 |
|  | C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT   |   |  |
|  | <input type="checkbox"/> PILOT   | <input type="checkbox"/> CO-PILOT   | <input type="checkbox"/> FLIGHT ENGINEER |
|  | <input type="checkbox"/> OTHER (Specify)   |   |  |
|  | D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:                      |   |  |
|  | E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary) |   |  |
| F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described. |  |   |  |
| DATE   | NAME AND TITLE (Print or type)   | SIGNATURE   |  |
| VIII. AIRWORTHINESS DOCUMENTATION (FAA/DESIGNEE use only)  | A. Operating Limitations and Markings in Compliance With 14 CFR Section 91.9, As Applicable              | G. Statement of Conformity, FAA Form 8130-9 (Attach when required)  |  |
|  | B. Current Operating Limitations Attached  | H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)                                   |  |
|  | C. Data, Drawings, Photographs, etc. (Attach when required)  | I. Previous Airworthiness Certificate Issued in Accordance With 14 CFR Section _____, CAR _____ (Original attached) |  |
|  | D. Current Weight and Balance Information Available in Aircraft  | J. Current Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ (Copy attached)                 |  |
|  | E. Major Repair and Alteration, FAA Form 337 (Attach when required)                                      | K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)                            |  |
|  | F. This inspection Recorded in Aircraft Records  |   |  |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-22a. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Production Flight Testing, Unmanned Aircraft Manufacturer (Face Side)**

**FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE**

Form Approved  
O.M.B. No. 2120-0018

|  |                                 |   |   |  |   |  |  |            |
|--|---------------------------------|---|---|--|---|--|--|------------|
| <br>U.S. Department of Transportation<br><b>Federal Aviation Administration</b>   |                                 | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b> |   |  | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |  |  |            |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK<br>N9876   |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>General Atomics              |  | 3. AIRCRAFT MODEL DESIGNATION<br>Altair   |  | 4. YR. MFR.<br>2003                              | FAA CODING |
|  | 5. AIRCRAFT SERIAL NO.<br>AA001 |   | 6. ENGINE BUILDER'S NAME (Make)<br>Honeywell International        |  | 7. ENGINE MODEL DESIGNATION<br>TPE33-10T  |  |  |            |
|  | 8. NUMBER OF ENGINES<br>1       |   | 9. PROPELLER BUILDER'S NAME (Make)<br>McCaughey Propeller Systems |  | 10. PROPELLER MODEL DESIGNATION<br>3GFR36C606-B   |  | 11. AIRCRAFT IS: (Check if applicable)<br>IMPORT |            |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                                 |   |   |  |   |  |  |            |
| A <input type="checkbox"/> 1 STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> COMMUTER <input type="checkbox"/> BALLOON <input type="checkbox"/> OTHER   |                                 |   |   |  |   |  |  |            |
| B <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)  |                                 |   |   |  |   |  |  |            |
| 7 PRIMARY  |                                 |   |   |  |   |  |  |            |
| 9 LIGHT-SPORT (Indicate class) <input type="checkbox"/> Airplane <input type="checkbox"/> Power-Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Glider <input type="checkbox"/> Lighter than Air  |                                 |   |   |  |   |  |  |            |
| 2 LIMITED  |                                 |   |   |  |   |  |  |            |
| 5 PROVISIONAL (Indicate class)   |                                 |   |   |  |   |  |  |            |
| 3 RESTRICTED (Indicate operation(s) to be conducted)   |                                 |   |   |  |   |  |  |            |
| 1 CLASS I  |                                 |   |   |  |   |  |  |            |
| 2 CLASS II   |                                 |   |   |  |   |  |  |            |
| 1 AGRICULTURE AND PEST CONTROL <input type="checkbox"/> 2 AERIAL SURVEY <input type="checkbox"/> 3 AERIAL ADVERTISING  |                                 |   |   |  |   |  |  |            |
| 4 FOREST (Wildlife conservation) <input type="checkbox"/> 5 PATROLLING <input type="checkbox"/> 6 WEATHER CONTROL  |                                 |   |   |  |   |  |  |            |
| 0 OTHER (Specify)  |                                 |   |   |  |   |  |  |            |
| 4 EXPERIMENTAL (Indicate operation(s) to be conducted)   |                                 |   |   |  |   |  |  |            |
| 1 RESEARCH AND DEVELOPMENT <input type="checkbox"/> 2 AMATEUR BUILT <input type="checkbox"/> 3 EXHIBITION  |                                 |   |   |  |   |  |  |            |
| 4 AIR RACING <input type="checkbox"/> 5 CREW TRAINING <input type="checkbox"/> 6 MARKET SURVEY   |                                 |   |   |  |   |  |  |            |
| 0 TO SHOW COMPLIANCE WITH THE CFR <input type="checkbox"/> 7 OPERATING (Primary Category) KIT BUILT AIRCRAFT   |                                 |   |   |  |   |  |  |            |
| 8 SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |                                 |   |   |  |   |  |  |            |
| 1 FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE   |                                 |   |   |  |   |  |  |            |
| 2 EVACUATE FROM AREA OF IMPENDING DANGER   |                                 |   |   |  |   |  |  |            |
| 3 OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT  |                                 |   |   |  |   |  |  |            |
| 4 DELIVERING OR EXPORTING <input type="checkbox"/> 5 <input checked="" type="checkbox"/> PRODUCTION FLIGHT TESTING   |                                 |   |   |  |   |  |  |            |
| 6 CUSTOMER DEMONSTRATION FLIGHTS   |                                 |   |   |  |   |  |  |            |
| C <input type="checkbox"/> 6 MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)  |                                 |   |   |  |   |  |  |            |
| III. OWNER'S CERTIFICATION   |                                 |   |   |  |   |  |  |            |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration) <input type="checkbox"/> IF DEALER, CHECK HERE →  |                                 |   |   |  |   |  |  |            |
| NAME ADDRESS   |                                 |   |   |  |   |  |  |            |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                                 |   |   |  |   |  |  |            |
| AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.) <input type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)   |                                 |   |   |  |   |  |  |            |
| AIRCRAFT LISTING (Give page number(s)) <input type="checkbox"/> SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |                                 |   |   |  |   |  |  |            |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                                 |   |   |  |   |  |  |            |
| CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417 <input type="checkbox"/> TOTAL AIRFRAME HOURS <input type="checkbox"/> 3 EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)  |                                 |   |   |  |   |  |  |            |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested. |                                 |   |   |  |   |  |  |            |
| DATE OF APPLICATION NAME AND TITLE (Print or type) SIGNATURE   |                                 |   |   |  |   |  |  |            |
| IV. INSPECTION AGENCY VERIFICATION   |                                 |   |   |  |   |  |  |            |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)  |                                 |   |   |  |   |  |  |            |
| 2 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.) <input type="checkbox"/> 3 CERTIFICATED MECHANIC (Give Certificate No.) <input type="checkbox"/> 6 CERTIFICATED REPAIR STATION (Give Certificate No.)  |                                 |   |   |  |   |  |  |            |
| 5 AIRCRAFT MANUFACTURER (Give name or firm)  |                                 |   |   |  |   |  |  |            |
| DATE TITLE SIGNATURE   |                                 |   |   |  |   |  |  |            |
| V. FAA REPRESENTATIVE CERTIFICATION  |                                 |   |   |  |   |  |  |            |
| (Check ALL applicable block items A and B)   |                                 |   |   |  |   |  |  |            |
| A. I find that the aircraft described in Section I or VII meets requirements for <input type="checkbox"/> 4 THE CERTIFICATE REQUESTED <input type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |                                 |   |   |  |   |  |  |            |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                                 |   |   |  |   |  |  |            |
| FAA INSPECTOR <input type="checkbox"/> 14 CFR part 65 <input type="checkbox"/> 14 CFR part 121 OR 135 <input type="checkbox"/> 14 CFR part 145   |                                 |   |   |  |   |  |  |            |
| CERTIFICATE HOLDER UNDER   |                                 |   |   |  |   |  |  |            |
| DATE MIDO/FSDO OFFICE <input type="checkbox"/> 4 FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. <input type="checkbox"/> 1 FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE  |                                 |   |   |  |   |  |  |            |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

**Figure D-22b. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Special – Special Flight Permit for Production Flight Testing, Unmanned Aircraft Manufacturer (Reverse Side) (cont'd.)**

|  |   |   |  |
|--|---|---|--|
| VI. PRODUCTION FLIGHT TESTING  | A. MANUFACTURER   |   |  |
|  | NAME<br>General Atomics Corp.   | ADDRESS<br>P.O Box 138, San Diego, CA 90804                       |  |
|  | B. PRODUCTION BASIS (Check applicable item)   |   |  |
|  | <input type="checkbox"/>  | PRODUCTION CERTIFICATE (Give production certificate number) _____ |  |
|  | <input type="checkbox"/>  | TYPE CERTIFICATE  |  |
| VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST  | C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS <b>1</b>                      |   |  |
|  | DATE OF APPLICATION<br>12/15/2010   | NAME AND TITLE (Print or type)<br>R.L. Brown, Operations Manager  |  |
|  | SIGNATURE<br><i>R.L. Brown</i>  |   |  |
|  | A. DESCRIPTION OF AIRCRAFT  |   |  |
|  | REGISTERED OWNER  | ADDRESS   |  |
|  | BUILDER (Make)  | MODEL   |  |
|  | SERIAL NUMBER   | REGISTRATION MARK   |  |
|  | B. DESCRIPTION OF FLIGHT  |   |  |
|  | CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)               |   |  |
|  | FROM  | TO  |  |
| VIA  | DEPARTURE DATE  | DURATION  |  |
| C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT   |   |   |  |
| <input type="checkbox"/>   | PILOT   | <input type="checkbox"/>  |  |
| <input type="checkbox"/>   | CO-PILOT  | <input type="checkbox"/>  |  |
| <input type="checkbox"/>   | FLIGHT ENGINEER   | <input type="checkbox"/>  |  |
| <input type="checkbox"/>   | OTHER (Specify)   |   |  |
| D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:  |   |   |  |
|  |   |   |  |
| E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION: (Use attachment if necessary)   |   |   |  |
|  |   |   |  |
| F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described. |   |   |  |
| DATE   | NAME AND TITLE (Print or type)  | SIGNATURE   |  |
|  |   |   |  |
| VIII. AIRWORTHINESS DOCUMENTATION (FAA-DESIGNEE use only)  | A. Operating Limitations and Markings in Compliance With 14 CFR Section 91.9, As Applicable |   | G. Statement of Conformity, FAA Form 8130-9 (Attach when required)   |
|  | B. Current Operating Limitations Attached   |   | H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)                                  |
|  | C. Data, Drawings, Photographs, etc. (Attach when required)                                 |   | I. Previous Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ CAR _____ (Original attached) |
|  | D. Current Weight and Balance Information Available in Aircraft                             |   | J. Current Airworthiness Certificate Issued in Accordance With 14 CFR Section _____ (Copy attached)                |
|  | E. Major Repair and Alteration, FAA Form 337 (Attach when required)                         |   | K. Light-Sport Aircraft Statement of Compliance, FAA Form 8130-15 (Attach when required)                           |
|  | F. This inspection Recorded in Aircraft Records   |   |  |

FAA Form 8130-6 (04-11) All Previous Editions Superseded

Figure D-23. Sample FAA Form 8130-6, Application for U.S. Airworthiness Certificate, Multiple (Face Side Only)

FAA FORM 8130-6, APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE

Form Approved  
O.M.B. No. 2120-0018

|  |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|--|-------------------------------------|---|---|---|---|--------------------------|---|--------------------------------|--|--------------------|--|---|---------|-----------|-----------|----------|---------|-------|------------------------------|--|---|-----------------|----------------------|--------|------------------|--|--|---|---------|--|--|--|--|--|--|--|---|------------------------------|--|---|---------|--|---|----------|--|--|---|-------------------------------------|--|---|------------------------------|--|---|-------------------------------------|---------------|---|--------------------|---|--------------------------------|--|---|------------|--|---|-----------------|---|-----------------|--|--|--|--|--|--|--|---|--------------------------|--|---|--------------------------|--|---|---------------|--|---|------------|---|------------|--|---|---------------|--|---|---------------|---|---------------------------------|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|---|--------------------------|---|----|--|--|--|--|--|--|----|---------------------------------|--|--|--|--|--|----|---|--|--|--|--|--|---|-------------------|----|--------------------------|--|----|---------------|--|--|--|--|--|----|---------------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|---|-------------------------|--|---|---------------------------|--|--|--|--|--|---|--------------------------------|--|--|--|--|
|  U.S. Department of Transportation<br>Federal Aviation Administration   |                                     | <b>APPLICATION FOR U.S. AIRWORTHINESS CERTIFICATE</b>   |   |   | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete Sections II, VI, and VII as applicable. |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| I. AIRCRAFT DESCRIPTION  | 1. REGISTRATION MARK<br>N54321      |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>Piper Aircraft Company |   | 3. AIRCRAFT MODEL DESIGNATION<br>PA18A-150  |                          | 4. YR. MFR.<br>1951                                       | FAA CODING                     |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  | 5. AIRCRAFT SERIAL NO.<br>18-3792   |   | 6. ENGINE BUILDER'S NAME (Make)<br>Lycoming Engines         |   | 7. ENGINE MODEL DESIGNATION<br>O-320  |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  | 8. NUMBER OF ENGINES<br>1           |   | 9. PROPELLER BUILDER'S NAME (Make)<br>Sensenich Propeller   |   | 10. PROPELLER MODEL DESIGNATION<br>M74DM  |                          | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT           |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| APPLICATION IS HEREBY MADE FOR: (Check applicable items)   |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">A</td> <td style="width: 5%;">1</td> <td style="width: 45%;">STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)</td> <td style="width: 5%;">NORMAL</td> <td style="width: 5%;">UTILITY</td> <td style="width: 5%;">ACROBATIC</td> <td style="width: 5%;">TRANSPORT</td> <td style="width: 5%;">COMMUTER</td> <td style="width: 5%;">BALLOON</td> <td style="width: 5%;">OTHER</td> </tr> <tr> <td>B</td> <td></td> <td><input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)</td> <td colspan="7"></td> </tr> </table>   |                                     |   |   |   |   |                          |   |                                | A  | 1                  | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) | NORMAL  | UTILITY | ACROBATIC | TRANSPORT | COMMUTER | BALLOON | OTHER | B                            |  | <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items) |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| A  | 1                                   | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)  | NORMAL  | UTILITY   | ACROBATIC   | TRANSPORT                | COMMUTER  | BALLOON                        | OTHER  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| B  |                                     | <input checked="" type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)                           |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| II. CERTIFICATION REQUESTED  |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">7</td> <td colspan="8">PRIMARY</td> </tr> <tr> <td>9</td> <td colspan="2">LIGHT-SPORT (Indicate Class)</td> <td>Airplane</td> <td>Power-Parachute</td> <td>Weight-Shift-Control</td> <td>Glider</td> <td colspan="3">Lighter than Air</td> </tr> <tr> <td>2</td> <td colspan="8">LIMITED</td> </tr> <tr> <td>5</td> <td colspan="2">PROVISIONAL (Indicate class)</td> <td>1</td> <td colspan="2">CLASS I</td> <td>2</td> <td colspan="3">CLASS II</td> </tr> <tr> <td rowspan="3">3</td> <td rowspan="3"><input checked="" type="checkbox"/></td> <td rowspan="3">RESTRICTED (Indicate operation(s) to be conducted)</td> <td>1</td> <td colspan="2">AGRICULTURE AND PEST CONTROL</td> <td>2</td> <td><input checked="" type="checkbox"/></td> <td>AERIAL SURVEY</td> <td>3</td> <td>AERIAL ADVERTISING</td> </tr> <tr> <td>4</td> <td colspan="2">FOREST (Wildlife conservation)</td> <td>5</td> <td colspan="2">PATROLLING</td> <td>6</td> <td>WEATHER CONTROL</td> </tr> <tr> <td>0</td> <td colspan="8">OTHER (Specify)</td> </tr> <tr> <td rowspan="4">4</td> <td rowspan="4"><input type="checkbox"/></td> <td rowspan="4">EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td>1</td> <td colspan="2">RESEARCH AND DEVELOPMENT</td> <td>2</td> <td colspan="2">AMATEUR BUILT</td> <td>3</td> <td>EXHIBITION</td> </tr> <tr> <td>4</td> <td colspan="2">AIR RACING</td> <td>5</td> <td colspan="2">CREW TRAINING</td> <td>6</td> <td>MARKET SURVEY</td> </tr> <tr> <td>0</td> <td colspan="8">TO SHOW COMPLIANCE WITH THE CFR</td> </tr> <tr> <td>7</td> <td colspan="8">OPERATING (Primary Category) KIT BUILT AIRCRAFT</td> </tr> <tr> <td rowspan="4">8</td> <td rowspan="4"><input type="checkbox"/></td> <td rowspan="4">SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)</td> <td>8A</td> <td colspan="6">Existing aircraft without an airworthiness certificate &amp; do not meet § 103.1</td> </tr> <tr> <td>8B</td> <td colspan="6">Operating Light-Sport Kit-built</td> </tr> <tr> <td>8C</td> <td colspan="6">Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190</td> </tr> <tr> <td>9</td> <td>UNMANNED AIRCRAFT</td> <td>9A</td> <td colspan="2">RESEARCH AND DEVELOPMENT</td> <td>9C</td> <td colspan="3">CREW TRAINING</td> </tr> <tr> <td colspan="3"></td> <td>9B</td> <td colspan="5">MARKET SURVEY</td> </tr> <tr> <td colspan="3"></td> <td>1</td> <td colspan="5">FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE</td> </tr> <tr> <td colspan="3"></td> <td>2</td> <td colspan="5">EVACUATE FROM AREA OF IMPENDING DANGER</td> </tr> <tr> <td colspan="3"></td> <td>3</td> <td colspan="5">OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> </tr> <tr> <td colspan="3"></td> <td>4</td> <td colspan="2">DELIVERING OR EXPORTING</td> <td>5</td> <td colspan="3">PRODUCTION FLIGHT TESTING</td> </tr> <tr> <td colspan="3"></td> <td>6</td> <td colspan="5">CUSTOMER DEMONSTRATION FLIGHTS</td> </tr> </table> |                                     |   |   |   |   |                          |   |                                | 7  | PRIMARY            |  |   |         |           |           |          |         | 9     | LIGHT-SPORT (Indicate Class) |  | Airplane  | Power-Parachute | Weight-Shift-Control | Glider | Lighter than Air |  |  | 2 | LIMITED |  |  |  |  |  |  |  | 5 | PROVISIONAL (Indicate class) |  | 1 | CLASS I |  | 2 | CLASS II |  |  | 3 | <input checked="" type="checkbox"/> | RESTRICTED (Indicate operation(s) to be conducted) | 1 | AGRICULTURE AND PEST CONTROL |  | 2 | <input checked="" type="checkbox"/> | AERIAL SURVEY | 3 | AERIAL ADVERTISING | 4 | FOREST (Wildlife conservation) |  | 5 | PATROLLING |  | 6 | WEATHER CONTROL | 0 | OTHER (Specify) |  |  |  |  |  |  |  | 4 | <input type="checkbox"/> | EXPERIMENTAL (Indicate operation(s) to be conducted) | 1 | RESEARCH AND DEVELOPMENT |  | 2 | AMATEUR BUILT |  | 3 | EXHIBITION | 4 | AIR RACING |  | 5 | CREW TRAINING |  | 6 | MARKET SURVEY | 0 | TO SHOW COMPLIANCE WITH THE CFR |  |  |  |  |  |  |  | 7 | OPERATING (Primary Category) KIT BUILT AIRCRAFT |  |  |  |  |  |  |  | 8 | <input type="checkbox"/> | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) | 8A | Existing aircraft without an airworthiness certificate & do not meet § 103.1 |  |  |  |  |  | 8B | Operating Light-Sport Kit-built |  |  |  |  |  | 8C | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |  |  |  |  |  | 9 | UNMANNED AIRCRAFT | 9A | RESEARCH AND DEVELOPMENT |  | 9C | CREW TRAINING |  |  |  |  |  | 9B | MARKET SURVEY |  |  |  |  |  |  |  | 1 | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE |  |  |  |  |  |  |  | 2 | EVACUATE FROM AREA OF IMPENDING DANGER |  |  |  |  |  |  |  | 3 | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  |  |  |  | 4 | DELIVERING OR EXPORTING |  | 5 | PRODUCTION FLIGHT TESTING |  |  |  |  |  | 6 | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |
| 7  | PRIMARY                             |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 9  | LIGHT-SPORT (Indicate Class)        |   | Airplane  | Power-Parachute   | Weight-Shift-Control  | Glider                   | Lighter than Air  |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 2  | LIMITED                             |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 5  | PROVISIONAL (Indicate class)        |   | 1   | CLASS I   |   | 2                        | CLASS II  |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 3  | <input checked="" type="checkbox"/> | RESTRICTED (Indicate operation(s) to be conducted)  | 1   | AGRICULTURE AND PEST CONTROL  |   | 2                        | <input checked="" type="checkbox"/>                       | AERIAL SURVEY                  | 3  | AERIAL ADVERTISING |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 4   | FOREST (Wildlife conservation)  |   | 5                        | PATROLLING  |                                | 6  | WEATHER CONTROL    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 0   | OTHER (Specify)   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 4  | <input type="checkbox"/>            | EXPERIMENTAL (Indicate operation(s) to be conducted)  | 1   | RESEARCH AND DEVELOPMENT  |   | 2                        | AMATEUR BUILT   |                                | 3  | EXHIBITION         |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 4   | AIR RACING  |   | 5                        | CREW TRAINING   |                                | 6  | MARKET SURVEY      |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 0   | TO SHOW COMPLIANCE WITH THE CFR   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 7   | OPERATING (Primary Category) KIT BUILT AIRCRAFT   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 8  | <input type="checkbox"/>            | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side) | 8A  | Existing aircraft without an airworthiness certificate & do not meet § 103.1                                  |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 8B  | Operating Light-Sport Kit-built   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 8C  | Operating light-sport previously issued special light-sport category airworthiness certificate under § 21.190 |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 9   | UNMANNED AIRCRAFT   | 9A  | RESEARCH AND DEVELOPMENT |   | 9C                             | CREW TRAINING  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 9B  | MARKET SURVEY   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 1   | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE, OR STORAGE  |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 2   | EVACUATE FROM AREA OF IMPENDING DANGER  |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 3   | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 4   | DELIVERING OR EXPORTING   |   | 5                        | PRODUCTION FLIGHT TESTING                                 |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   | 6   | CUSTOMER DEMONSTRATION FLIGHTS  |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| C <input checked="" type="checkbox"/> MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operator" and "Standard" or "Limited" as applicable)   |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| III. OWNER'S CERTIFICATION   |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| A. REGISTERED OWNER (As shown on certificate of aircraft registration)   |                                     |   |   |   | IF DEALER, CHECK HERE →   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| NAME<br>North Central Airplane Corp.   |                                     |   |   |   | ADDRESS<br>1 Box 502 Cutback, MN, 43692   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)  |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| <input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>1A2 Rev. 33, AR-7 Rev. 9  |                                     |   |   |   | <input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2009-23  |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| AIRCRAFT LISTING (Give page number(s))<br>N/A  |                                     |   |   |   | SUPPLEMENTAL TYPE CERTIFICATE (Last number of each STC incorporated)  |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS  |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| <input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR section 91.417  |                                     |   |   |   | TOTAL AIRFRAME HOURS<br>12050   |                          | 3   |                                | EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.   |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| DATE OF APPLICATION<br>11/21/2009  |                                     |   |   |   | NAME AND TITLE (Print or type)<br>John Jones, President   |                          |   | SIGNATURE<br><i>John Jones</i> |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| IV. INSPECTION AGENCY VERIFICATION   |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete the section only if 14 CFR part 21.183(d) applies)  |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 2  |                                     | 14 CFR part 121 CERTIFICATE HOLDER (Give Certificate No.)   |   |   | 3   |                          | CERTIFICATED MECHANIC (Give Certificate No.)              |                                | 6  |                    | CERTIFICATED REPAIR STATION (Give Certificate No.)     |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| 5  |                                     |   |   |   |   |                          |   |                                | AIRCRAFT MANUFACTURER (Give name or firm)                                      |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| DATE   |                                     |   | TITLE   |   |   |                          | SIGNATURE   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| V. FAA REPRESENTATIVE CERTIFICATION  |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| (Check ALL applicable block items A and B)   |                                     |   |   |   |   |                          |   |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| A. I find that the aircraft described in Section I or VII meets requirements for   |                                     |   |   | 4   |   |                          |   |                                | THE CERTIFICATE REQUESTED  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| B. Inspection for a special flight permit under Section VII was conducted by:  |                                     |   |   | FAA INSPECTOR   |   |                          | FAA DESIGNEE  |                                |  |                    |  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
|  |                                     |   |   | CERTIFICATE HOLDER UNDER  |   |                          | 14 CFR part 65  |                                | 14 CFR part 121 OR 135   |                    | 14 CFR part 145  |   |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |
| DATE   |                                     | MIDO/FSDO OFFICE  |   | 4   |   |                          | FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. |                                | 1  |                    |  | FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE |         |           |           |          |         |       |                              |  |   |                 |                      |        |                  |  |  |   |         |  |  |  |  |  |  |  |   |                              |  |   |         |  |   |          |  |  |   |                                     |  |   |                              |  |   |                                     |               |   |                    |   |                                |  |   |            |  |   |                 |   |                 |  |  |  |  |  |  |  |   |                          |  |   |                          |  |   |               |  |   |            |   |            |  |   |               |  |   |               |   |                                 |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                          |   |    |  |  |  |  |  |  |    |                                 |  |  |  |  |  |    |   |  |  |  |  |  |   |                   |    |                          |  |    |               |  |  |  |  |  |    |               |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |   |                         |  |   |                           |  |  |  |  |  |   |                                |  |  |  |  |

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