

TEAR OFF
BEFORE USING

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

SUPPLEMENTAL
INFORMATION

CERTIFICATION OF WAIVER OR AUTHORIZATION APPLICATION

Paperwork Reduction Act Statement: The information collected is reviewed and analyzed to determine the extent of the intended deviation from prescribed regulations. We estimate that it will take 0.75 hours to complete this form. Use of this form is not optional if a deviation from regulations is being requested. Confidentiality is not requested or provided. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0027.

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

DETACH THIS PART BEFORE USING

ITEMS 9 THROUGH 14 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.

9. The air event will be sponsored by:

10. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
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11. Policing *(Describe provisions to be made for policing the event.)*

12. Emergency facilities *(Mark all that will be available at time and place of air event.)*


Physician Fire truck Other - Specify _____
 Ambulance Crash wagon _____

13. Air Traffic control *(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)*

14. Schedule of Events *(include arrival and departure of scheduled aircraft and other periods the airport may be open.)*

Hour (a)	Date (b)	Event (c)

If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.

Please Read  The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.

15. Certification - I CERTIFY that the foregoing statements are true.

Date	Signature of Applicant
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Remarks