COMPANY INFORMATION AND OPERATIONS

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| COMPANY INFORMATION |
| Aircraft will be operated under [Part 91, 91K, 125, 135] |       |
| Operator or Company Legal Name |       |
| D/B/A name (if used) |       |
| Company Mailing Address |       |
| Physical Address of Main Operations (FAA PBO Address) |       or [ ]  check if same as mailing address |
| RVSM Main Person to Contact |       |
| Phone number, email, address (if different) for person above |       |
| Fax |       |
| Main Operations Base Airport |       |
| FAA FSDO | Location or number |
| FAA POI/PMI/PAI/Cert Manager | Names, contact info |
| FSDO Phone/Fax |       |
| FAA Certificate or Pre-Cert Number (if any) |       |

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| PENDING ORGANIZATIONAL NAMES |
| POSITION | NAME | PHONE/EMAIL |
| President |       |       |
| Director of Operations |       |       |
| Chief Pilot |       |       |
| Director of Maintenance |       |       |

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| INITIAL AIRCRAFT INFORMATION |
| AIRCRAFT MAKE | AIRCRAFT MODEL | TAIL NUMBER | SERIAL NUMBER |
|       |       |       |       |
|       |       |       |       |
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| INITIAL AIRCRAFT TYPE AND CATEGORY INFORMATION |
| AIRCRAFT GROUP | TYPE OF AIRCRAFT | CATEGORY | PAX SEATS |
| Helicopter, Aiplane | Single, Twin Piston, Jet | Land, Sea |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| SIMULATOR OR TRAINING CENTERS |
| TYPE OF AIRCRAFT | TRAINING CENTER | TRAINING CENTER CONTACT INFORMATION |
|       |       |       |
|       |       |       |
|       |       |       |

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| OTHER CERTIFICATION INFORMATION |
| Type of Operation | On-Demand, non-scheduled, common carrier,  |
| Hazardous Materials | Non carry or Will carry |
| Requested Deviations (if any) | Combined 119 Management |
| Area of Operations | USA, Canada, Mexico, Caribbean, and Bahamas |
| Simulator Programs Used(Submitted Separately For Approval) |       |
| Minimum Equipment List(s) |       |

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| AIRCRAFT MAINTENANCE PROGRAMS (135.411) |
| Aircraft | Pax Seats | Maintenance Program Used |
|       |       |       |
|       |       |       |
|       |       |       |
| Comments:       |

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Jupiter, FL 33458

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The undersigned authorizes Air Carrier Compliance Group, Inc. to charge the credit card for:

|  |
| --- |
| Company/Operator Name:       |
| I/we are requesting the following service(s): List certification or manual(s) |
| For the total amount of:       , this is the [ ]  Full/final payment, [ ]  Payment 1, [ ]  Payment 2 |
| Charge to the Credit Card Number:      Exp. Date:       (4 digit code not required) |
| NAME On CARD:       |  |
| Billing Address:       |  |
| I am an authorized representative and agree to the Legal Notice and Services for the amount above. Authorized Signature:       If emailing form, send to sales@air-compliance.com and state in email the services/amount is authorized. |