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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|  |  |  |
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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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**INVOICE / PAYMENT**

**If you are mailing let us know and we will get started once we receive this form.**

Mailing a check

Air Carrier Compliance Group  
5431 Shirley Dr  
Jupiter, FL 33458

Return this form to [sales@air-compliance.com](mailto:sales@air-compliance.com) and we will reply in your email with an invoice that you can use for payment.

Using credit card, paying online once invoice received. Called, mailed credit card number (below authorization required).

Please charge my card for the indicated services and amount on the authorization form below.

**Credit Card Payment Authorization**

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](mailto:sales@air-compliance.com) and state in email the services/amount is authorized. | |