COMPANY INFORMATION AND RVSM 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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| --- | --- | --- | --- |
| AIRCRAFT INFORMATION | | | |
| AIRCRAFT MAKE/MODEL | REGISTRATION NUMBER | SERIAL NUMBER | NUMBER OF SEATS |
|  |  |  |  |

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| --- |
| RVSM AREA OF OPERATIONS |
| Domestic Only (USA)  North American (Canada and Mexico)  NAT Europe  WATRS (Australia, Fiji, New Zealand, Tahiti, Japan, Philippines, Indonesia, and Papua New Guinea)  Aisa – Pacific (China, Himalayas)  Check the areas that you wish to apply for RVSM authorization. |
| Additional Comments: |

|  |  |
| --- | --- |
| RVSM MAINTENANCE POLICY AND PROCEDURES DOCUMENTS | |
| Maintenance Manual |  |
| Structural Repair Manual / ICA’s |  |
| FAA Approved Airplane Flight Manual Supplement |  |
| Manufacturer RVSM Certification? | Yes  No (if No list SB number(s) below) |
| RVSM Service Bulletin(s) |  |
| ICA(s) |  |
| Mode S code |  |

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| --- | --- | --- | --- |
| RVSM Required Equipment | Manufacturer | Model Number | Part Number |
|  |  |  |  |
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**Payment for Services**

Mailing a check

Air Carrier Compliance Group  
5431 Shirley Dr  
Jupiter, FL 33458

Faxed, called, mailed credit card number (below authorization required).

**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. | |

We do not recommend emailing this form back to us with your credit card number on it. You can fax the authorization to 561-741-2984 or call 561-373-5962 with cc number.