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:       |

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| 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 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.