

<b>APPLICATION FOR CERTIFICATE</b>				<b>FAA USE ONLY</b>	
<b>Department of Transportation</b> Federal Aviation Administration				<input type="checkbox"/> Airport Operating Certificate <input type="checkbox"/> Time-Limited Airport Operating Certificate	
				Site Number	
Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual to the headquarters of the appropriate FAA Regional Office.					
<b>Type of Submission (Check One)</b>					
<input type="checkbox"/> Original <input type="checkbox"/> Amendment <input type="checkbox"/> Exemption					
<b>A. Location of Airport</b>					
1. Name of Airport			2. Address (Number, Street, P.O. Box)		
3. City		4. County	5. State	6. Zip Code	
6a. Latitude °   '   ''	6b. Longitude °   '   ''		Airport is: a. State Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No b. State Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Ownership</b>					
1. <input type="checkbox"/> Municipality <input type="checkbox"/> State <input type="checkbox"/> Military <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Port Authority <input type="checkbox"/> Airport Authority			2. Airport is <input type="checkbox"/> Civil <input type="checkbox"/> Mil/Civ Joint Use <input type="checkbox"/> Shared Use		
3. Name of Owner			4. Name of Manager/Operator		
Number/Street/P.O. Box			Number/Street/P.O. Box		
City      County      State      Zip			City      County      State      Zip		
<b>C. Operative Data</b>					
1. Certificate Applied For: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV			2. Fire Fighting Equipment (Check Current Index and ensure equipment is listed in ACM) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
3. Air Carriers to be served (UA, DL, CO, AA, etc.)			4. Air Carrier Aircraft to be served (737, DC-9, A-320, etc.)		
5. ARFF Exemption Applied For: <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Other exemptions applied for:		
<b>D. Remarks</b> <input type="checkbox"/> Check here and use additional sheet of paper.					
<b>E. Certification</b>					
This application, including the Airport Certification Manual, is submitted in order to obtain an Airport Operating Certificate or Time-Limited Airport Operating Certificate. I certify, under penalty of 18 U.S. Code, Section 1001, and other applicable provisions of law that the statements and information in the application form and manual are complete and true to the best of my knowledge.					
Applicant Signature			Applicant Address/Number/Street/P.O. Box		
Applicant Name (typed)			City		
Applicant Title		Date Submitted	State	Zip	Telephone No. (      )
<b>FAA Use Only</b>					
1. Date Application received			2. Date Proposed for Inspection		
3. Date Inspection Completed			Signature		Title
4. Recommended for <input type="checkbox"/> Certificate <input type="checkbox"/> Modification <input type="checkbox"/> Disapproval <input type="checkbox"/> Letter of Authorization		Date	Signature		Title
5. Remarks					

FAA 5280-1 (2-04) Supersedes Previous Edition