

Section 1E. To Be Completed By All Applicants

10. Additional information that provides a better understanding of the proposed operation or business *(attach additional sheets, if necessary)*

11. The statements and information contained on this form denote an intent to apply for FAA certification.

Signature	Date	Name and Title
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Section 2. To Be Completed By FAA District Office

Received by (district office):	Precertification Number
Date:	Date Coordinated with AFS-620

Remarks