

PRE-APPLICATION STATEMENT OF INTENT

Agency Display of Estimated Burden: The GACA estimates that the average burden for this report form is 5 hours for the requirements in FAR Part 121.26 and 40 hours for the requirements in FAR Part 121.47 for each response. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of S&ER. You may also send comments to the S&ER, Airworthiness Division, KAIA Bld.# 364 ,P.O.BOX 887 JEDDAH 21165 Kingdom Of Saudi Arabia

Section 1A. To Be Completed By All Applicants

1. Name and mailing address of company 	2. Address of principal base where operations will be conducted (do not use post office box)
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3. Proposed Start-up date 	4. Requested three-letter company identifier in order of preference 1. 2. 3.
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5. Management Personnel

Name (first, middle, Last)	Title	Telephone (including area code)

Section 1B. To Be Completed By Air Operators

6. Proposed type of operation (check as many as applicable)

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Air Carrier Certificate | <input type="checkbox"/> Part 121 | <input type="checkbox"/> Passengers and Cargo | <input type="checkbox"/> Single Pilot Operator |
| <input type="checkbox"/> Operating Certificate | <input type="checkbox"/> Part 125 | <input type="checkbox"/> Cargo Only | <input type="checkbox"/> Single Pilot-in-Command Operator |
| | <input type="checkbox"/> PArt135 | <input type="checkbox"/> Scheduled Operations | <input type="checkbox"/> Basic Part 135 Operator |
| | | <input type="checkbox"/> Nonscheduled Operations | |

Section 1C. To Be Completed By Air Agencies

7. Proposed type of agency and rating(s)

- | | |
|--|--|
| <input type="checkbox"/> Part 145 Repair Station | <input type="checkbox"/> Part 147 Maintenance Technical School |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Airframe |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Power plant |
| <input type="checkbox"/> Satellite | <input type="checkbox"/> Both |
| <input type="checkbox"/> Airframe | <input type="checkbox"/> Instrument |
| <input type="checkbox"/> Power plan | <input type="checkbox"/> Accessory |
| <input type="checkbox"/> Propeller | <input type="checkbox"/> Specialized Service |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Part 149 Parachute Loft |

Section 1D. To Be Completed By Air Operators

8. Aircraft Data	9. Geographic area of intended operations
Numbers and types of aircraft (by make, model, and series) 	Number of passenger seats or cargo payload capacity

Section 1A. 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 intent to apply for GACA certification.

Name and Title	Date	Signature
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Section 2. To Be Completed By GACA S&ER Office

Date forwarded to Region:	Received by :
For: Action Information only	Date:

Remarks

Section 3. To Be Completed By GACA S&ER Office

Pre-certification Number:	Received by:
Date coordinated with Director of Airworthiness:	Date:
Date forwarded to district office:	Airworthiness representative assigned responsibility:

Remarks