



US Department of Transportation
Federal Aviation Administration

DOA, DAS, SFAR 36 STATEMENT OF QUALIFICATIONS

Form Approved OMB-2120-0018

Paperwork Reduction Act Statement:

This collection of information is to obtain information concerning the applicant's qualifications to act as an FAA-delegated organization. The FAA uses the information to determine the suitability of the organization to issue FAA design and airworthiness approvals. The submittal of this information is mandatory for applicants to be considered, and promise of confidentiality is neither provided nor necessary. The burden associated with new applications using this form is 2 hours. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB number. The OMB control number associated with this collection of information is 2120-0018.

1. COMPANY NAME:

2. PHONE NUMBER:

3. COMPANY ADDRESS: *(Number, street, city and ZIP code)*

4. TYPE OF DELEGATION SOUGHT:

DAS

DOA

SFAR 36

5. FUNCTIONS SOUGHT: *(Applicants shall identify below the specific function(s) currently authorized in FAA Order 8100.9 for which appointment is sought, and identify any limitations based on experience, e.g., type and complexity of the product)*

6. EXPERIENCE WORKING WITH THE FAA AS APPROPRIATE FOR THE TYPE OF AUTHORIZATION SOUGHT: *(Use additional sheets as necessary)*

7. HOLD THE FOLLOWING FAA CERTIFICATE(S) REQUIRED FOR ELIGIBILITY OF THE DELEGATION SOUGHT:

Type	Certificate Number	Ratings	Date Each Rating Issued

8. LOCATION(S) WHERE THE DELEGATED FUNCTIONS WILL BE PERFORMED: *(Use additional sheets as necessary)*

9. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that the organization is familiar with the Federal Aviation Regulations pertinent to the delegation sought.

Date Signature *(Management representative of company requesting delegation)*