



U.S. Department
of Transportation
Federal Aviation
Administration

INFORMATION FOR APPLICANT

**ORGANIZATION DESIGNATION AUTHORIZATION STATEMENT OF
QUALIFICATIONS**

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TEAR OFF THIS COVER SHEET BEFORE SUBMITTING THIS FORM



US Department of Transportation
Federal Aviation Administration

**ORGANIZATION DESIGNATION AUTHORIZATION
STATEMENT OF QUALIFICATIONS**

OMB Control Number 2120-0704
Expiration Date 04/30/2022

1. COMPANY NAME:

2. PHONE NUMBER:

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

4. TYPE OF ODA SOUGHT:

TC

PC

TSO

STC

MRA

AO

PMA

Other _____

5. FUNCTIONS SOUGHT: *(Applicants shall identify below the specific function(s) 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 TYPE OF ODA SOUGHT:

Certificate 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)*