### TEAR OFF BEFORE USING

## DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

SUPPLEMENTAL INFORMATION

#### CERTIFICATION OF WAIVER OR AUTHORIZATION APPLICATION - PRIVACY ACT

The information on the accompanying form is solicited under authority of Federal Aviation Regulations Parts 91, 101, and 105.

Submission of the information is mandatory.

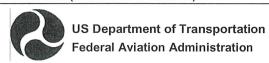
The purpose of this information is to establish eligibility for certificate of waiver or authorization

The data will be used for recordkeeping and statistical purposes.

Incomplete submission may result in delay or denial of your request.

FAA Form 7711-2 (8/08) Supersedes Previous Edition

DETACH THIS PART BEFORE USING



# APPLICATION FOR CERTIFICATE OF WAIVER OR AUTHORIZATION

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	From Approved: O.M.B. No.2120-0027 01/31/2021				
	APPLICANTS - DO NOT USE THESE SPACES				
	Region	Date	05/00/0005		
	GLSD13		05/20/2025		
	Action				
	Approved Disapproved – "Explain under "Remarks"				
Signature of authorized FAA representative					

#### **INSTRUCTIONS**

Submit this application in triplicate (3) to any FAA Flight Standards district office.

Applicants requesting a Certificate of Waiver or Authorization for an aviation event must complete all the applicable items on this form and attach a properly marked 7.5 series Topographic Quadrangle Map(s), published by the U.S. Geological Survey (scale 1:24,000), of the proposed operating area. The map(s) must include scale depictions of the flightlines, showlines, race courses, and the location of the air event control point, Police dispatch, ambulance, and fire

fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must be submitted 45 days prior to the requested date of the event.

Applicants requesting a Certificate of Waiver or Authorization for activities other than an aviation event will complete items 1 through 10 only and the certification, item 17, on the reverse.

1. Name of organization	
1=1	

2. Name of responsible person

Carson City Frontier Days, Inc.

Shawn M. Raya (Event Director)

Permanent mailing address

House number and street or route number 659 Inverness

City Highland State and ZIP code Michigan 48357 Telephone No. (248)762-5843

4. State whether the applicant or any of its principal officers/owners has an application for waiver pending at any other office of the FAA.

N/A

5. State whether the applicant or any of its principal officers owners has ever had its application for waiver denied, or whether the FAA has ever withdrawn a waiver from the applicant or any of its principal officers/owners.

N/A

6. FAR section and number to be waived

14 CFR Part 91, 91.119 (b) and (c) Minimum Safe Altitudes

7. Detailed description of proposed operation (Attach supplement if needed)

Hot Air Balloon Event with approximately 20 balloons involving two days of flights (June 6-7). Evening flights are scheduled June 6-7 and a morning flight is scheduled for June 7.

The event will be held at the City of Carson City Park in Carson City, Michigan.

8. Area of operation (Location, altitudes, etc.)

Within 10NM Radius of N43°10' 46.0" W084° 51' 25.0" located 11.1 nautical miles from KAMN on the 266° radial from SFC to 9,000 AGL See attac

9a. Beginning (Date and hour)		b. Ending (Date and hour)		
06/06/2025	18:00:00	06/07/2025	21:16:00	
10. Aircraft make and model (a)	Pilot's Name (b)	Certificate number and rating (c)	Home address (Street, City, State) (d)	
see attached				

▶ ITEMS 11 THROUGH 16 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.										
11. The air event wi										
Carson City Frontier Days, Inc.										
12. Permanent mailing		nd street or route number	City	State and ZIP code	Telephone No.					
address	123 E. Main S		Carson City	Michigan 48811	(989)763-0485					
13. Policing (Describ	e provisions to be ma	ade for policing the event.)								
The 2024 Balloon Operations Manual will provide provisions of crowd and traffic control which will be performed by the event officials or local law enforcement, as appropriate, in the area or operations and all goals/targets.										
14. Emergency facilities (Mark all that will be available at time and place of air event.)										
☐ Physician		☐ Fire truck ☑ Other - Specify Reference Attached ERP								
☐ Ambulan	ice	☐ Crash wagon								
15. Air Traffic control	(Describe method of	controlling traffic, including provision for a	arrival and departure of scheduled air	·craft.)						
A NOTAM will be required and place by Lockhead Martin advising traffic of numerous balloons in the area at varying altitudes from Friday June 6, 2025 through June 7, 2025; during the 3 hours after sunrise and 3 hours before sunset.										
16. Schedule of Eve	nts (include arrival ar	nd departure of scheduled aircraft and oti	her periods the airport maybe open.	)						
Hour (a)	Date (b)	Event (c)								
18:00 - 21:17	June 6,2025	Hot Air Balloon Flight Activ	vity							
05:58 - 10:00	June 7, 2025	Hot Air Balloon Flight Activ	vity							
18:00 - 21:18	June 7, 2024	Hot Air Balloon Flight Activ	vity							
"I - "fficient and	't susilable th	the set of events may be subm	"	indicated above						
if sufficient spa		e entire schedule of events may be submi								
Please Read	of Waiver or A	ed applicant accepts full responsib uthorization, and understands that above described operation.	CANA THE SECOND AND ASSESSMENT OF THE SECOND A							
17. Certification -	I CERTIFY that th	e foregoing statements are true.								
Date	Signature of A	Applicant								
4/10/25										
Remarks			Amening active Annual active and the least active of the active of the statement of the control of the statement of the state							
April 10, 2025										
Shawn M. Raya, Commercial Pilot Certificate 3217534										