



# FAA Form 7711-2, Application for Certificate of Waiver or Authorization

## SUPPLEMENTAL INFORMATION

Privacy Act Statement (5 U.S.C. § 552a, as amended):

**Authority:** The authority for collecting personally identifiable information in FAA Form 7711-2 is contained in 49 U.S.C. §§ 106(g); 40101; 40103; and 44701 and [Federal Aviation Regulations 14 CFR Part 91](#).

**Purpose:** The purpose for collecting this information is to establish eligibility for a certificate of waiver or authorization.

**Routine Uses:** For small Unmanned Aircraft Systems airspace authorizations requested under 14 CFR Part 91, the information collected will be included in the System of Records Notice (SORN) [DOT/FAA 854, Small Unmanned Aircraft Systems \(sUAS\) Waivers and Authorizations](#) and will be subject to the published routine uses including:

- To the public, waiver applications and decisions, including any history of previous, pending, existing, or denied requests for waivers applicable to the sUAS at issue for purposes of the waiver, and special provisions applicable to the sUAS operation that is the subject of the request. Email addresses and telephone numbers will not be disclosed pursuant to this Routine Use. Airspace authorizations the FAA issues will also not be disclosed pursuant to this Routine Use, except to the extent that an airspace authorization is listed or summarized in the terms of a waiver;
- To law enforcement, when necessary and relevant to FAA enforcement activity; and
- Disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

The Department has also published 15 additional routine uses applicable to all DOT Privacy Act system of records. These routine uses are published in the Federal Register at [75 FR 82132](#) - December 29, 2010, [77 FR 42796](#) - July 20, 2012, and [84 FR 55222](#) - October 15, 2019, under "DOT General Routine Uses" (available at <http://www.transportation.gov/privacy/privacyactnotices>).

**Disclosure:** Submission of the information is voluntary; however, failure to provide the required information will result in the delay or denial of the request.

**OMB Control Number: 2120-0027**  
**Expiration Date: 03/31/2024**

### Paperwork Reduction Act Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0027. Public reporting for this collection of information is estimated to be approximately 1 hour and 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain a benefit. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

No certificate may be issued unless a completed application form has been received (14 CFR 91. 101. and 105).



US Department of Transportation  
Federal Aviation Administration

**APPLICATION FOR  
CERTIFICATE OF WAIVER  
OR AUTHORIZATION**

OMB Control Number: 2120-0027 / Expiration Date: 03/31/2024

**APPLICANTS - DO NOT USE THESE SPACES**

Flight Standards Office	Date
Action Approved                      Disapproved – "Explain under "Remarks"	
Signature of authorized FAA representative	

**INSTRUCTIONS**

Submit this application to the responsible 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		2. Name of responsible person		
3. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone Number
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.				
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.				
6. 14 CFR section and number to be waived				
7. Detailed description of proposed operation ( <i>Attach supplement if needed</i> )				
8. Area of operation ( <i>Location, altitudes, etc.</i> )				
9a. Beginning ( <i>Date and hour</i> )		9b. Ending ( <i>Date and hour</i> )		
10. Aircraft make and model (a)	Pilot's Name (b)	Certificate number and rating (c)	Home address (Street, City, State) (d)	

11. The air event will be sponsored by:

12. Permanent mailing address

House number and street or route number

City

State and ZIP code

Telephone Number

13. Policing *(Describe provisions to be made for policing the event.)*

14. Emergency facilities *(Mark all that will be available at time and place of air event.)*

Physician

Fire truck

Other - Specify \_\_\_\_\_

Ambulance

Aircraft rescue vehicle \_\_\_\_\_

15. Air Traffic control *(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)*

16. Schedule of Events *(include arrival and departure of scheduled aircraft and other periods the airport maybe open.)*

Hour (a)

Date (b)

Event (c)

*If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.*

Please Read



The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.

17. Certification - I CERTIFY that the foregoing statements are true.

Date

Signature of Applicant

Remarks