

US Department of Transportation
Federal Aviation Administration

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 <i>(do not use post office box)</i>
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3. Proposed Start-up date	4. Requested three-letter company identifier in order of preference
	1. 2. 3.

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

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

☐ Air Carrier Certificate	☐ Part 121	☐ Passengers and Cargo	☐ Single Pilot Operator
☐ Operating Certificate	☐ Part 125	☐ Cargo Only	☐ Single Pilot-in-Command Operator
	☐ Part 135	☐ Scheduled Operations	☐ Basic Part 135 Operator
		☐ Nonscheduled Operations	

7. Proposed type of agency and rating(s)

- ☐ Part 145 Repair Station
 - ☐ Domestic
 - ☐ Foreign ☐ *New* ☐ *Renew*
 - ☐ Satellite
 - ☐ Airframe ☐ Instrument
 - ☐ Powerplant ☐ Accessory
 - ☐ Propeller ☐ Specialized Service
 - ☐ Radio
- ☐ Part 147 Maintenance Technical School
 - ☐ Airframe
 - ☐ Powerplant
 - ☐ Both
- ☐ Part 149 Parachute Loft

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 1E. 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)*

Maritime Helicopters, Inc. would like to apply for a Class III Radio, limited radio rating. Maritime wants to be able to perform 91.413 tests per 91.413(c).

11. The statements and information contained on this form denote an intent to apply for FAA certification.

Signature 	Date 4 Nov 2014	Name and Title Steven D. Slade - Director of Maintenance
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Section 2. To Be Completed By FAA District Office

Received by (district office):	Date forwarded to Region:
Date:	For: ☐ Action ☐ Information only

Remarks

Section 3. To Be Completed By Regional Office

Received by:	Precertification Number:
Date:	Date coordinated with AVN-120:
District office assigned responsibility:	Date forwarded to district office:

Remarks