Before completing, please read the Paperwork Reduction Act Statement below.

Form Approved OMB No. 2120-0063

U.S. Department of Transportation
Federal Aviation Administration

APPLICATION FOR CERTIFICATE

☐ AIRPORT OPERATING CERTIFICATE
☐ LIMITED AIRPORT OPERATING CERTIFICATE

FAA USE ONLY
Site Number

Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual or Airport Certification Specifications to the headquarters of the appropriate FAA Regional Office.

Type of Submission (Check one)	FOR	Type of Airport (Check all applicables)
☐ Original ☐ Amendment ☐ Exemption		☐ Airport ☐ Heliport ☐ Stolport ☐ Seaplane Base

A. Location of Airport

1. Name of Airport		2. Address (Number, Street, P.O. Box)
3. City		4. County / 5. State / 6. Zip Code
6b. Latitude ° ' "	6a. Longitude ° ' "	7. Airport is a. State Licensed ☐ Yes ☐ No b. State Inspected ☐ Yes ☐ No

B. Operated By

1. ☐ Municipality ☐ State ☐ Military ☐ Corporation ☐ Country ☐ Other (explain) _____ ☐ Port Authority ☐ FAA _____	2. Joint Use Airport Is ☐ Mil/Civ Joint Use ☐ Civ/Mil Joint Use
3. Name of Owner	3. Name of Manager/Operator
Number/Street/P.O. Box	Number/Street/P.O. Box
City County State Zip	City County State Zip

C. Operative Date

1. Firefighting Equipment (Check Current Index) ☐ A ☐ B ☐ C ☐ D ☐ E	2. Currently Equipped for IFR Operation (Check One) ☐ Yes ☐ No
3. Air Carriers Currently Served (TWA, UAL, etc.)	
4. Air Carrier Aircraft Currently Served (727, DC-9, etc.)	

D. Remarks ☐ Check here and use reverse side of this sheet.

E. Certification

This application, which includes the Airport Certification Manual or Airport Certification Specifications submitted as a part of the application, is submitted in order to obtain an Airport Operating Certificate or Limited Airport Operating Certificate. I certify, under penalty of 18 U.S. Code, Section 1001 and other applicable provisions of law, that the statements and information in the application form and manual or specifications are complete and true to the best of my knowledge.

Applicant Signature		Applicant Address/Number/Street or P.O.
Applicant Name (typed)		City
Applicant Title	Date Submitted	State Zip Telephone No. ( ) -

FAA USE ONLY

1. Date Application Received		2. Date Proposed for Inspection	
3. Date Inspection Completed		Signature	Title
4. Recommended for ☐ Certificate ☐ Modification ☐ Disapproval	Date	Signature	Title
5. Remarks			

FAA 5280-1 (2-88) Supersedes Previous Edition

PRINT RESET

Before printing, go to Page Setup and change the Paper Size to "Legal." This will ensure the form prints correctly on either legal- or standard-size paper.

Please detach this notice before submitting this form.

Paperwork Reduction Act Statement

The information collected on this form is necessary to determine applicant eligibility for airport operating certificates. The FAA estimates that it will take 200 hours to complete this form and develop an Airport Certification Manual or Airport Certification Specifications that must accompany this form. This collection of information is mandatory under 14 CFR Part 139. 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 control number. The control number for this collection of information is 2120-0063.