



US Department of Transportation  
Federal Aviation Administration

### DOA, DAS, SFAR 36 STATEMENT OF QUALIFICATIONS

Form Approved OMB-2120-0018

**Paperwork Reduction Act Statement:**

This collection of information is to obtain information concerning the applicant's professional and personal qualifications. The FAA uses the information provided to determine the suitability of the applicant to act as a representative of the administrator for the purpose of issuing FAA design and airworthiness approvals. The burden associated with new applications using this form is 2 hours. 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 OMB control number associated with this collection of information is 2120-0018.

1. COMPANY NAME:

2. PHONE NUMBER:

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

4. TYPE OF DELEGATION SOUGHT:

DAS

DOA

SFAR 36

5. FUNCTIONS SOUGHT: *(Applicants shall identify below the specific function(s) currently authorized in FAA Order 8100.DDS 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 DELEGATION SOUGHT:

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 <i>(Management representative of company requesting delegation)</i>
------	---