

7. Check type or types of services registrant intends to perform upon commencement of operations, or, for amendments, service registrant is currently performing: Passengers Cargo Mail	8. Indicate the license number of each Canadian license held by the registrant. and: the aircraft group it proposes to operate into the United States. <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Class 9 -- 4 <i>License No.</i> </div> <div style="text-align: center;"> <i>Canadian Air Carrier Operating Certificate NO</i> </div> <div style="text-align: center;"> <i>Aircraft Group Classification</i> </div> </div>

9. Certification

I certify that the information contained in this application, and in the attachments hereto, is complete and accurate to the best of my knowledge. I further acknowledge and subscribe to the terms, conditions, and limitations contained in Part 294 of DOT's Regulation -

Signature: _____

Date: _____ Name: _____

(Please type)

Place: _____ Title: _____

(City and State)

NOTE: Application must be signed by a responsible officer, such as the President, Vice President, Secretary, or Treasurer or Partner or Owner of the applicant carrier.

10. FOR USE IN REPORTING CHANGES OF/ AMENDMENTS TO INFORMATION PREVIOUSLY FILED.

(a) Previously registered name and address:	(b) Description of any other changes / amendments which are required to be reported by Part 294.22: : (Add additional sheets if necessary)
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FOR DOT USE ONLY:	FOR FAA USE ONLY:
Special conditions or limitations/reasons for disapproval or rejection:	Part 129 operations specifications were Issued on: Date: _____ No.: _____ Issued By: _____ <div style="text-align: right;"><i>Signature of Inspector</i></div> District Office # _____