

TEAR OFF
BEFORE USING

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

SUPPLEMENTAL
INFORMATION

CERTIFICATION OF WAIVER OR AUTHORIZATION APPLICATION

Paperwork Reduction Act Statement: The information collected is reviewed and analyzed to determine the extent of the intended deviation from prescribed regulations. We estimate that it will take 0.75 hours to complete this form. Use of this form is not optional if a deviation from regulations is being requested. Confidentiality is not requested or provided. Please note that 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 is 2120-0027.

FAA Form 7711-2 (6-86) Supersedes Previous Edition

DETACH THIS PART BEFORE USING

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



US Department of Transportation
Federal Aviation Administration

**APPLICATION FOR
CERTIFICATE OF WAIVER
OR AUTHORIZATION**

Form Approved: O.M.B. No. 2120-0027

APPLICANTS - DO NOT USE THESE SPACES

Region NM03 Date 05/30/2018

Action Approved Disapproved - Explain under "Remarks"

Signature of authorized FAA representative
[Signature]

INSTRUCTIONS

Submit this application in triplicate (3) to any 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 8 only and the certification, item 15, on the reverse.

1. Name of organization <p style="text-align: center;">IAC 5</p>		2. Name of responsible person <p style="text-align: center;">JAMIE S. TREAT (PRES IAC 5)</p>		
3. Permanent mailing address	House number and street or route number <p style="text-align: center;">24201 DAVID C. JOHNSON LOOP</p>	City <p style="text-align: center;">ELBERT</p>	State and ZIP code <p style="text-align: center;">COLORADO 80106</p>	Telephone No. <p style="text-align: center;">(303) 648-0130</p>
4. FAR section and number to be waived <p style="text-align: center;">91.303(E)</p>				
5. Detailed description of proposed operation (Attach supplement if needed) AEROBATIC PRACTICE				
6. Area of operation (Location, altitudes, etc.) AEROBATIC WAIVERED AIRSPACE LOCATED 3 MILES EAST OF RUNWAY 17/35 KELLY AIRPARK (CO15). 800' TO 3000' AGL. SEE ATTACH FOR DETAILS.				
7a. Beginning (Date and hour) <p style="text-align: center;">1 April 2018, 1 HR AFTER SUNRISE TO 1 HR PRIOR SUNSET</p>		b. Ending (Date and hour) <p style="text-align: center;">1 April 2021, 1 HR AFTER SUNRISE TO 1 HR PRIOR SUNSET</p>		
8. Aircraft make and model (a)	Pilot's Name (b)	Certificate number and rating (c)	Home address (Street, City, State) (d)	
REFER TO PILOT	ACKNOWLEDGEMENT FORM	MAINTAINED AT 24201 DAVID C.	JOHNSON LOOP, ELBERT, CO. 80106	

ITEMS 9 THROUGH 14 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.

9. The air event will be sponsored by:

IAC 5

10. Permanent mailing address	House number and street or route number 24201 DAVID C. JOHNSON LOOP	City ELBERT	State and ZIP code COLORADO, 80105	Telephone No. (303) 648-0130
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11. Policing (Describe provisions to be made for policing the event.)

PRACTICE WILL BE ADMINISTERED IN ACCORDANCE WITH INTERNATIONAL AEROBATIC CLUB RULES.

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

- Physician Fire truck Other - Specify HOSPITAL LOCATED 25 MILES IN PARKER
 Ambulance Crash wagon VOLUNTEER FIRE DEPT AT ELBERT, FRANKTOWN, ELIZABETH

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

MONITOR KELLY AIRPARK UNICOM 123.05 FOR LOCAL TRAFFIC

14. Schedule of Events (include arrival and departure of scheduled aircraft and other periods the airport may be 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.

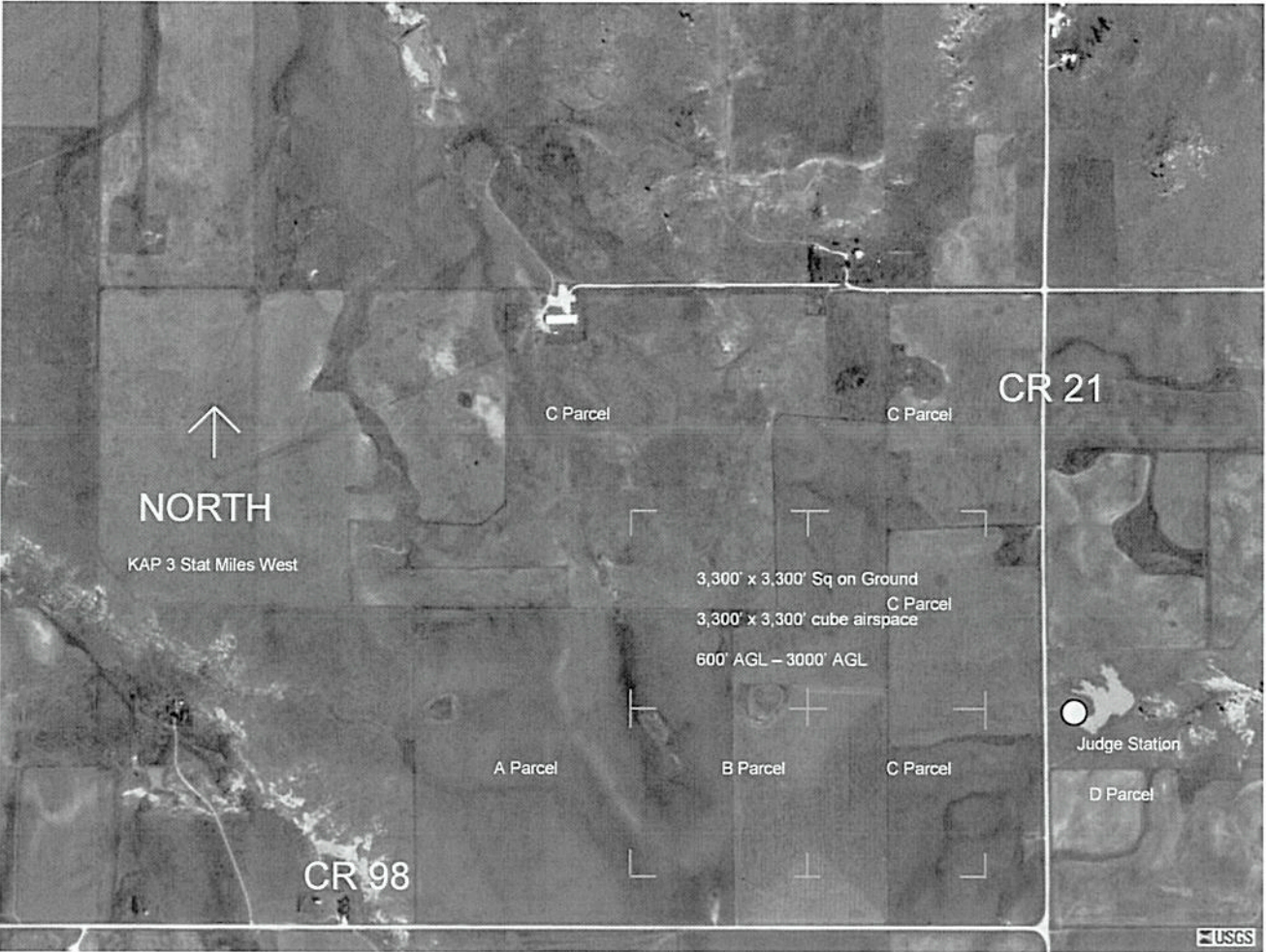
Please Read

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.

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

Date 12 Feb 2018	Signature of Applicant 
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Remarks
This waiver once approved will supercede the current KAP Aerobatic Waiver dated 31 Mar 2009.



A Parcel POC – Jim Vauhnan 303-648-3845

B Parcel POC – Bryce Gresham 303-648-3218
Danny Gresham 303-648-3182

C Parcel POC – Owner is Duane & Kay Rosyton 303-648-3107
Caretaker is Jack Nellssen – 303-688-3298

D Parcel POC - Supervisor Rick Miller (303) 663-2791