



US Department of Transportation
Federal Aviation Administration

APPLICATION FOR CERTIFICATE OF WAIVER OR AUTHORIZATION

From Approved: O.M.B. No.2120-0027 08/31/2008

APPLICANTS - DO NOT USE THESE SPACES

Region

EASTERN

Date

APR 26, 2011

Action



Approved



Disapproved - "Explain under "Remarks"

Signature of authorized FAA representative

Cary H. [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 10 only and the certification, item 17, on the reverse.

1. Name of organization

New England Aerobatic Club - EAA/IAC Chapter 35

2. Name of responsible person

John D. Perkins

3. Permanent mailing address

House number and street or route number
886 Province Road, P.O. Box 266

City

Barnstead

State and ZIP code

NH 03218-0266

Telephone No.

603-435-0234

4. State whether the applicant or any of its principal officers/owners has an application for waiver pending at any other office of the FAA.

NO

5. State whether the applicant or any of its principal officers/owners has ever had its application for waiver denied, or whether the FAA has ever withdrawn a waiver from the applicant or any of its principal officers/owners.

NO

6. FAR section and number to be waived

14CFR Part 91.127(b)

14CFR Part 91.303(c) 14CFR Part 91.303(d) 14CFR Part 91.303(e) 14CFR Part 91.119(c) 14CFR Part 91.126(a)

7. Detailed description of proposed operation (Attach supplement if needed)

Temporary aerobatics box at Rochester, NH Skyhaven Airport (KDAW)
Aerobatics within 4nm of the centerline of V106 in Class E airspace

Box location is northeast of runway 15-33. Coordinates of corners are:

N corner 43 deg 17' 39.18" N 70 deg 55' 21.04" W E corner 43 deg 17' 18.75" N 70 deg 54' 46.09" W
W corner 43 deg 17' 14.41" N 70 deg 55' 50.90" W S corner 43 deg 16' 51.78" N 70 deg 55' 15.04" W

8. Area of operation (Location, altitudes, etc.)

Temporary aerobatic contest box will be on the NE side of the airport 1500' AGL (1822' MSL) up through 4500' AGL (4822' MSL)

9a. Beginning (Date and hour)

06/18/2011 1300Z

rain date 06/19/2011 1600Z

b. Ending (Date and hour)

06/18/2011 2300Z

rain date 06/19/2011 2300Z

10. Aircraft make and model (a)

Pilot's Name (b)

Certificate number and rating (c)

Home address (Street, City, State) (d)

Extra 300L

John D. Perkins

3131468 Pvt

886 Province Road, Barnstead NH 03218

Additional participants to be logged at the aerobatic contest

11. The air event will be sponsored by:

12. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
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13. Policing (Describe provisions to be made for policing the event.)

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


<input type="checkbox"/> Physician	<input type="checkbox"/> Fire truck	<input type="checkbox"/> Other - Specify _____
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Crash wagon	_____

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


16. Schedule of Events (include arrival and departure of scheduled aircraft and other periods the airport maybe open.)

Hour (a)	Date (b)	Event (c)

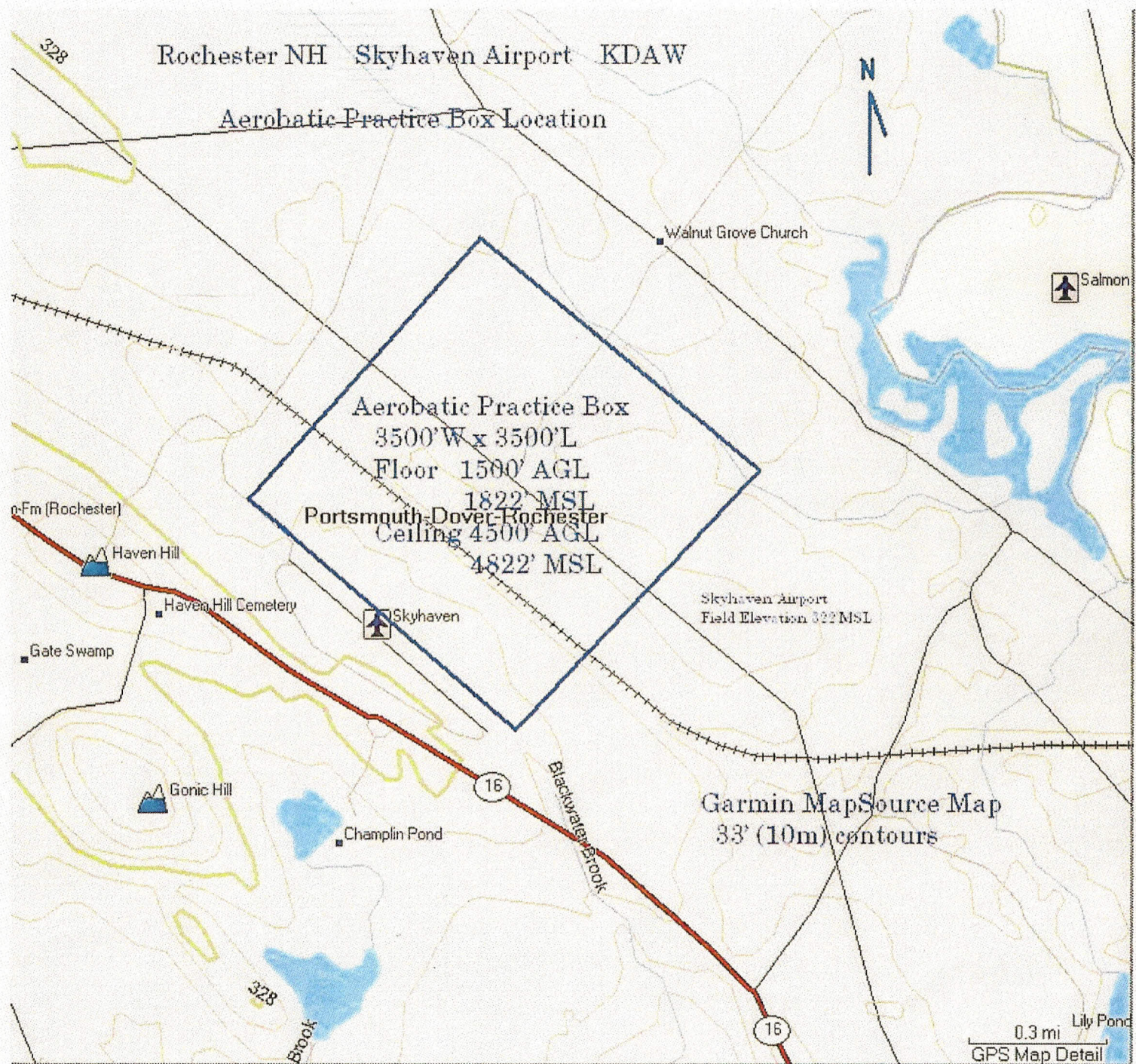
If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.

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.

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

Date 4/13/2011	Signature of Applicant 
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Remarks
<p>1. The following information is to be logged in the standard context:</p>



Rochester NH Skyhaven Airport KDAW

Aerobatic Practice Box Layout



DAW N Corner

Aerobatic Practice Box
3500'W x 3500'L
Floor 1500' AGL
Ceiling 4500' AGL

DAW E Corner

DAW W Corner

DAW S Corner

Rochester Hill Rd

