

PAPER WORK REDUCTION ACT OF 1995

This information is collected to determine whether air taxi operations meet the Department's criteria for an operating authorization under 14 CFR Part 298. We estimate that it will take 30-60 minutes to complete. The use of this form is mandatory. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The OMB Control Number for this collection is 2105-0565. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to: U.S. Department of Transportation, Office of Aviation Analysis (X-56), 1200 New Jersey Avenue, SE, Washington, DC, 20590.



U.S. Department of
 Transportation
 Office of the Secretary
 of Transportation

**AIR TAXI OPERATOR REGISTRATION
 AND AMENDMENTS UNDER
 PART 298 OF THE REGULATIONS OF
 THE DEPARTMENT OF TRANSPORTATION**

FOR USE BY DOT ONLY

Where to file: Submit this form, along with a Certificate of Insurance (OST Form 6410) evidencing required liability insurance coverage for the aircraft listed in Block 6 of this registration, electronically to: **AFS-260-Insurance@faa.gov**, or by mail to: AFS-260, 800 Independence Ave., S.W., Washington, D.C., 20591

Exception: For air taxis located in the State of Alaska, submit this form and OST Form 6410 electronically to: **AFS-260-Insurance@faa.gov**, or by mail to: Federal Aviation Administration (FAA), Anchorage Flight Standards District Office, 949 E. 36th Avenue, Suite 600, Anchorage, Alaska 99508

Fees: The fee for the initial registration of an air taxi is \$8. There is no filing fee for amendments to registrations previously filed.

Effective date of registration/amendments

1a. Name (and DBA, if applicable) and Mailing Address of the Registering Carrier:

1b. Telephone No. _____ Fax No. _____

1c. Email: _____

2a. Address of principal place of business (if different from above):

2b. Telephone No. _____ Fax No. _____

3a. Federal Aviation Administration certificate number:

3b. Address of local FAA office:

3c. FAA Telephone No.:

3d. FAA Principal Operations Inspector:

4. This filing is the carrier's:

Initial Registration

Amendment to reflect changes since previous filing (Complete item 9)

If initial registration, give proposed date of commencement of operations: _____

5. Type of service the carrier intends to perform upon commencement of operations, or, for amendments, service the carrier is currently performing (check all that apply):

Passenger

Seasonal

Air ambulance

Mail under a U.S. Postal Service contract

Cargo

Other (Please specify)** _____

** For example, if the carrier performs other services such as fire fighting operations for the U.S. Forest Service, it should be indicated here.

Companies proposing or operating passenger services of five (5) or more round trips per week on at least one route between two or more points pursuant to published flight schedules which specify the times, days of the week, and places between which such flights are performed may not conduct such operations under this registration. Instead, such companies must be found "fit, willing, and able" to provide such services as a commuter air carrier. See 14 CFR 298, Subpart E.

<p>6. Aircraft which the carrier proposes to operate in air taxi service or, for amendments, aircraft currently operated:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;"><i>Aircraft Make and Model</i></th> <th style="width: 30%; text-align: center;"><i>FAA Registration Number</i></th> <th style="width: 40%; text-align: center;"><i>Passenger Seats Installed*</i></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center;"><i>(Add additional sheets if necessary)</i></p> <p><small>* This does not include seats occupied by the pilot or co-pilot unless the latter is available for passenger use.</small></p>	<i>Aircraft Make and Model</i>	<i>FAA Registration Number</i>	<i>Passenger Seats Installed*</i>	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	<p>7. Is the registering carrier a U.S. citizen?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><small><u>Note:</u> An air taxi or commuter registered under Part 298 must be a citizen of the United States. 49 USC 40102(a)(15) defines a U.S. citizen as (a) an individual who is a U.S. citizen; (b) a partnership of which each member is a U.S. citizen; or (c) a corporation or association organized under the laws of the United States or a state, the District of Columbia, or a territory or possession of the United States, of which the president and at least two-thirds of the board of directors and other managing officers are citizens of the United States, which is under the actual control of citizens of the United States, and in which at least 75 percent of the voting interest is owned or controlled by persons that are citizens of the United States.</small></p> <hr/> <p>8. If this is an amendment, has the carrier carried passengers in foreign air transportation, that is, between any point in the United States and any point outside thereof, during the past 12 months:</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<i>Aircraft Make and Model</i>	<i>FAA Registration Number</i>	<i>Passenger Seats Installed*</i>																	
1. _____	_____	_____																	
2. _____	_____	_____																	
3. _____	_____	_____																	
4. _____	_____	_____																	
5. _____	_____	_____																	

9. REPORT CHANGES OR AMENDMENTS TO INFORMATION PREVIOUSLY FILED WITHIN 30 DAYS OF THE EFFECTIVE DATE:

a. Change in Carrier's Name and/or Address *(Please specify):*

<i>Former Name and Address:</i>	<i>Current Name and Address:</i>
_____	_____

b. Description of Any Other Changes or Amendments *(Including additions or deletions of aircraft, change in type of operations, registration numbers, etc.):*

10. Certification

I certify that the information contained in this application is complete and accurate to the best of my knowledge. The carrier subscribes to the IATA Inter-carrier Agreement; the IATA Agreement on Measures to Implement the IATA Inter-carrier Agreement, and the ATA Agreement on Provisions Implementing the IATA Inter-carrier Agreement to be Included in Conditions of Carriage and Tariffs (see OST Form 4523-A), and in accordance with those Agreements agrees under Article 22(1) of the Warsaw Convention or the Warsaw Convention as amended by the Hague Protocol that the liability limits for passenger injury or death in international transportation as defined in the Convention are waived in their entirety.

Signature: _____
(See note)

Date: _____ Name: _____
(Please type)

Place: _____ Title: _____
(City and State)

Note: This registration must be signed by a responsible officer, such as the President, Vice President, Secretary or Treasurer, partner or owner, or director of the carrier.

TO ENSURE PROPER PROCESSING OF THIS REGISTRATION, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.