



SUPPORT CONTRACTOR AUTHORIZATION

Paperwork Reduction Act Burden Statement: A federal agency may not conduct or sponsor, & a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for these information collections is 2120-0595. Public reporting for these collections of information is estimated to range from approximately 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required by statute, policy, or implementation guidance, & are essential for AMS. Send comments regarding this burden estimate or any other aspect of this collection of information, including questions for reducing this burden to the FAA at: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

SECTION A. To Be Completed by Support Contractor

1. Requestor's Name (<i>person who wishes to take training</i>)	2. Requestor's Company & Address	
3. Requestor's Title	4. Requestor's Telephone Number	
5. Support Contract Number		
6. Course Title	7. Dates of Course to	
8. Contractor Officer must select A or B: A. ☐ Contractor Statement (<i>unique content</i>). The Contractor agrees that if FAA or another Government entity allows requestor to attend the above course, then attendance is on a space-available basis, AND the FAA WILL NOT pay direct hourly charges associated with the number of hours spent in the training. B. ☐ Contractor Statement (<i>unique content</i>). The Contractor agrees that if FAA or another Government entity allows requestor to attend the above course, then attendance is on a space-available basis, AND the FAA WILL pay direct hourly charges associated with the number of hours spent in the training as provided in the provisions of the FAA contract identified in line 5.		
9. Justification to Attend Training (attach additional if necessary)		
10. Signature of Requestor's Contracting Officer's Representative (COR)	11. Date	
12. COR's Name/Title (<i>printed or typed</i>)	13. Telephone Number	

SECTION B. To Be Completed by FAA Contracting Officer

14. Contracting Officer's decision Check One ☐ The requestor's attendance is authorized. ☐ The requestor's attendance is NOT authorized		
15. Supporting Statements (attach additional if necessary)		
16. Signature	17. Title Contracting Officer	18. Date