

**Survival Factual Report – Attachment 6**  
**Submission Package to FAA**

**SURVIVAL FACTORS**

ERA18MA099

No certificate may be issued unless a completed application form has been received (14 C.F.R. 91. 101. and 106).



US Department of Transportation  
Federal Aviation Administration

**APPLICATION FOR  
CERTIFICATE OF WAIVER  
OR AUTHORIZATION**

From Approved: O.M.B. No.2120-0027 08/31/2019

**APPLICANTS - DO NOT USE THESE SPACES**

Region	Date
Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – "Explain under "Remarks"	
Signature of authorized FAA representative	

**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 <b>EAST WEST HELICOPTERS</b>	2. Name of responsible person <b>BRIAN ROSENBERG</b>
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3. Permanent mailing address	4. House number and street or route number	5. City <b>KEARNY</b>	6. State and ZIP code <b>NJ, 07032</b>	7. Telephone No.
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8. State whether the applicant or any of its principal officers/owners has an application for waiver pending at any other office of the FAA.  
N/A

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or any of its principal officers/owners has ever had its application for waiver denied, or whether the FAA has ever withdrawn a waiver from the applicant or any of its principal officers/owners.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

10. FAR section and number to be waived  
N/A

11. Detailed description of proposed operation (Attach supplement if needed)  
Reference: "Operators and Pilots of "Dxoors-Off" Hights for Compensation or Hire, " Emergency Order of Prohibition, Docket No. FAA-2018-0243, 83 FR 12856 (March 26, 2018). See additional information in the Remarks section at the end of this application for further explanation and details.

12. Area of operation (Location, altitudes, etc.)  
As authorized by FAA for EAST WEST HELICOPTERS Air Carrier Certificate No. 5EWA890L

13a. Beginning (Date and hour)	13b. Ending (Date and hour) No ending date
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14. Aircraft make and model (a)	15. Pilot's Name (b)	16. Certificate number and rating (c)	17. Home address (Street, City, State) (d)
	All company approved pilots		

**ITEMS 11 THROUGH 16 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.**

11. The air event will be sponsored by:  
N/A

12. Permanent mailing address	House number and street or route number [REDACTED]	City KEARNY	State and ZIP code NJ, 07032	Telephone No. [REDACTED]
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13. Policing (Describe provisions to be made for policing the event.)  
N/A

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

Physician                       Fire truck                       Other - Specify \_\_\_\_\_  
 Ambulance                       Crash wagon                      \_\_\_\_\_

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

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 6/2/2018	Signature of Applicant [REDACTED]
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Remarks  
EAST WEST HELICOPTERS is requesting a Letter of Authorization (LOA) to conduct operations doors off for compensation or hire with passengers and/or required crewmembers involving supplemental passenger restraint systems (SPRS) as it pertains to our operations. The primary operation that EAST WEST HELICOPTERS historically and currently conducts involving doors off utilizing a SPRS is for our aerial photo flight customers conducted under FAR Part 91 for operations such as aerial photography and electronic news gathering. EAST WEST HELICOPTERS, has sought out opinions from industry experts and has specifically purchased SPRS equipment meant for flight crewmember/ passengers use to meet the approval requirements as outlined in N8900.457, dated 4/10/18.