



# National Transportation Safety Board

## Form to Appeal From FAA Emergency Order

### Case Information

FAA Case Number: \_\_\_\_\_

FAA Order Date \_\_\_\_\_  
*mm/dd/yyyy*

### Certificate Holder's Information

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Certificate Holder's Mailing Address

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *Apt/Unit/Suite #*

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Certificate Holder's Physical Address for Overnight Mail**

*Post Office Box NOT acceptable.*

Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apt/Unit/Suite #*

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Attorney or Representative's Information and Mailing Address**

Attorney

Representative

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apt/Unit/Suite #*

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Attorney or Representative's Physical Address for Overnight Mail**

*Post Office Box NOT acceptable.*

Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apt/Unit/Suite #*

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Certificate of Service**

I certify on \_\_\_\_\_ (enter the date), I simultaneously served a copy of the above Appeal to the following FAA Attorney:

Sent Via (Check all that apply):  Fax  Overnight Mail

*(Please refer to Section 821.52(e) acceptable methods of filing and service involving Emergency and Other Immediately Effective Orders)*

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apt/Unit/Suite #*

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Respectfully Submitted By**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*PRIVACY ACT STATEMENT: This form and the system of records is covered by the Privacy Act of 1974. Purpose: The principal purpose is to obtain information to communicate with certificate holders, respondents, and petitioners (who appeal an FAA order, assessment, or denial) during the processing of any appeal. This system of records fulfills Congress's directive of deciding these appeals; the NTSB manages and tracks documents in this system of records. Authority: 49 USC 1133; 49 CFR Part 821. Routine Uses: In addition to disclosures permitted under subsection (b) of the Privacy Act, the NTSB may disclose information in response to discovery ordered by a court, in accordance with 49 USC 1153; and through publicly available records, which the Privacy Act does not preclude from disclosure (e.g., final decisions); some records are available at [ntsb.gov](https://www.nts.gov). Disclosure: Providing information is voluntary, failure to do so may hamper the processing of cases, and may also result in a case being dismissed.*