

**JOHN WAYNE AIRPORT
ORANGE COUNTY (SNA)**

**SUPPLEMENTAL AUTHORIZED DEPARTURE REQUEST FORM
(AIR CARRIER)**

Air Carrier: _____ Date Submitted: _____
 Affiliate: _____ For Period (Date): From: _____ To: _____
 Signature: _____ Page ___ of ___

ADD Class	Type of Aircraft	Number of Seats per Aircraft	Number of Departures	Frequency	Number of Supplemental ADDs Requested

TOTAL SUPPLEMENTAL ADDS REQUESTED: _____
 TOTAL PREVIOUS ADDS ALLOCATED: _____

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____
 Supplemental ADDs Allocated: _____
 Total ADD Allocation: _____

ACCESS PLAN REFERENCE:
 §4.2.2 - Supplemental Departure
 Allocation Request