

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

**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 ADDs Requested

TOTAL ADDS REQUESTED: \_\_\_\_\_  
 TOTAL PREVIOUS ADDS ALLOCATED: \_\_\_\_\_

**JWA USE ONLY:** Date Completed: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Total ADDs Allocated: \_\_\_\_\_  
 Total ADD Allocation: \_\_\_\_\_