

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

**SUPPLEMENTAL SEAT CAPACITY ALLOCATION REQUEST FORM  
(AIR CARRIER)**

Air Carrier: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Affiliate: \_\_\_\_\_ For Period (Date): From: \_\_\_\_\_ To: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Page \_\_\_ of \_\_\_

1	2	3	4	5	6	7	8	9	10
Class	Aircraft Type	Seat Config.	Reg. Daily Dep.	Special Daily Dep.	Freq.	Dep. Days	Total Number Days	Total Arr./Dep. OPS	Total Seats <sup>7</sup>

→ CALCULATION: MULTIPLY COLUMNS 3 AND 9

TOTAL SUPPLEMENTAL SEAT ALLOCATION REQUESTED: \_\_\_\_\_  
 TOTAL PREVIOUS SEAT ALLOCATION: \_\_\_\_\_

**JWA USE ONLY:** Date Completed: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Supplemental Seats Allocated: \_\_\_\_\_  
 Total Seat Allocation: \_\_\_\_\_

**ACCESS PLAN REFERENCE:**  
 §4.3.2 - Supplemental Seat Capacity Allocation Requests