JOHN WAYNE AIRPORT ORANGE COUNTY (SNA)

SUPPLEMENTAL PASSENGER CAPACITY ALLOCATION REQUEST FORM (COMMUTER CARRIER)

Air Carrier: Affiliate: Signature:				Date Submitted: For Period (Date): From: To: Page of			
1	2	3	4	5	6	7	8
Aircraft Type	Arrival/ Departure	Freq.	# of Seats in Aircraft	Number of Operations	Projected Load Factors	Total Seats ¬	# of Passengers Requested ^
			 NS 4 AND 5 = T NS 6 AND 7 = PA	L OTAL SEATS ASSENGER REQU	EST	Total	SEATS:
			SUPPLI	EMENTAL PASSE	NGER A LLOCA		JESTED:CATION:

Date Received: _____ Staff: _____

Supplemental Passenger Capacity Allocated: ____

Total Passenger Capacity Allocation: _____

Access Plan Reference: §4.4.2 - Supplemental Passenger Capacity Allocation Requests

FORM F-13(S) [7/21/15] APPENDIX F-13(S)