

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

**RON ALLOCATION REQUEST FORM
(AIR CARRIER)**

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

Aircraft Type	Aircraft Maximum GTOW	Dep. Class	Arr./Dep. Time	Position Requested		RON Arrival Days of the Week to be Used
				Apron	Loading Bridge	

TOTAL RON APRON ALLOCATIONS REQUESTED: ____

TOTAL RON LOADING BRIDGE ALLOCATIONS REQUESTED: _

Days of the Week
M·1, T·2, W·3, TH·4, F·5, S·6, S-7

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____
 Total RON Loading Bridges Allocated: _____
 Total RON Aprons Allocated: _____
 Total RON Allocation: _____

ACCESS PLAN REFERENCE:
 §5.2 - Air Carrier RON Requests