

**JOHN WAYNE AIRPORT  
ORANGE COUNTY (SNA)  
  
NOTICE OF AFFILIATE RELATIONSHIP**

Air Carrier: _____	Date Submitted: _____
Affiliate: _____	Date of Formation of Affiliate Relationship: _____
Signature: _____	Page __ of __

**Compliance:** Are you in full compliance with the following sections?

8.2.1:	Yes	No	8.2.2:	Yes	No	8.2.3:	Yes	No	8.2.4:	Yes	No
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NATURE OF AFFILIATE RELATIONSHIP (SEE SECTION 2.2(A) THROUGH (C), SPECIFY APPLICABLE SUBSECTION AND THE DETAILS):  
(use additional sheets if necessary)

<b>JWA USE ONLY:</b> Date Completed: _____ Date Received: _____ Staff: _____
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<b>ACCESS PLAN REFERENCE:</b> §8.2.4 - Notice of Formation of Affiliate Relationship
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