

**JOHN WAYNE AIRPORT
ORANGE COUNTY (SNA)

OPERATIONS ADJUSTMENT PLAN**

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

Is Form F-9 (§3.5.4 and §6.6) being filed concurrently with this form: Yes No

DESCRIPTION OF OPERATIONAL ADJUSTMENTS REQUIRED BY COUNTY:
(See Access Plan §6)

DESCRIPTION OF OPERATIONAL ADJUSTMENTS TO BE MADE BY AIR CARRIER:
(use additional sheets if necessary)

JWA USE ONLY: Date Completed: _____ Date Received: _____ Staff: _____

ACCESS PLAN REFERENCE: §6.6 - Commercial Operator Adjustment Plan
--