

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

**AIRCRAFT NOISE QUALIFICATION
TEST REQUEST FORM**

Air Carrier: _____ Date: _____
 Signature: _____ Test Date: _____

Aircraft Type	Aircraft Model #	Dep Class	Number of Seats	Engine Type	Engine Model #	Max. Opr. Gross Wt.	Projected Typical Opr. Wt.

IS THE FOLLOWING INFORMATION ATTACHED:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. INFORMATION/MATERIAL SUBSTANTIATING BELIEF THAT PROPOSED AIRCRAFT CAN OPERATE AS CLASS A OR CLASS E AIRCRAFT AT JWA: | YES | NO |
| 2. STATEMENT OF ASSUMPTIONS USED IN PROJECTING TYPICAL OPERATIONS WEIGHT RANGE: | YES | NO |
| 3. OPERATOR, MANUFACTURER, AND <i>CERTIFIED</i> AIRCRAFT MANUAL PAGES REFLECTING OR RELATING TO THE MAXIMUM OPERATIONAL GROSS WEIGHT OF AIRCRAFT IN SERVICE AT JWA: | YES | NO |
| 4. MANUFACTURER INFORMATION/MANUALS: | YES | NO |
| 5. SPECIFIC DEPARTURE PROCEDURE TO BE USED AT JWA: | YES | NO |
| 6. LIST OF OTHER OPERATORS USING SAME PROCEDURE AT JWA WITH SAME AIRCRAFT AND ENGINE TYPES: | YES | NO |
| 7. WRITTEN STATEMENT FROM THE AIR CARRIER: | YES | NO |

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

ACCESS PLAN REFERENCE:
 §10.3.1- Information Requirements