

**JOHN WAYNE AIRPORT
ORANGE COUNTY (SNA)
DECLARATION OF FORMATION OF ASSOCIATED OPERATING GROUP**

ASSOCIATED OPERATING GROUP MEMBERS

1. Carrier Name:		3. Carrier Name:	
1. Commercial Carrier:	or Commuter Carrier:	3. Commercial Carrier:	or Commuter Carrier:
1. Signature:		3. Signature:	
2. Carrier Name:		4. Carrier Name:	
2. Commercial Carrier:	or Commuter Carrier:	4. Commercial Carrier:	or Commuter Carrier:
2. Signature:		4. Signature:	

COMPLIANCE

			Date Submitted:
			For Period From:
Are you in full compliance with the following sections?			For Period To:
3.5.5: Yes No	3.9.3: Yes No	8.14: Yes No	
3.9.1: Yes No	3.10.1: Yes No		
3.9.2: Yes No	8.2: Yes No		

JWA USE ONLY:

Date Completed: _____

Date Received: _____

Staff: _____

ACCESS PLAN REFERENCE:

§ 3.9.1 – FORMATION OF ASSOCIATED
OPERATING GROUPS

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INDIVIDUAL CARRIER ALLOCATION ("Default" Allocation with NO Associated Operating Group)						ASSOCIATED OPERATING GROUP CARRIER OPERATIONS PROPOSAL				
Capacity	Carrier 1	Carrier 2	Carrier 3	Carrier 4	TOTAL	Carrier 1	Carrier 2	Carrier 3	Carrier 4	TOTAL
Regular ADDs:										
- Class A Departures										
- Class A ADD Allocation										
- Class PE Departures										
- Class PE ADD Allocation										
Supplemental Departures:										
- Class A Departures										
- Class A ADD Allocation										
Authorized Seat Capacity:										
- Regular Seats										
- Supplemental Seats										
Total Seat Capacity										
Passenger Capacity:										
RON Positions:										
- Commercial Carrier										
- Commuter Carrier										

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

ACCESS PLAN REFERENCE:
§ 3.9.1 – FORMATION OF ASSOCIATED OPERATING GROUPS