

**JOHN WAYNE AIRPORT  
ORANGE COUNTY (SNA)  
CLASS E OPERATIONS REQUEST FORM  
(AIR CARRIER)**

Air Carrier: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Affiliate: \_\_\_\_\_ For Period (Date): From: \_\_\_\_\_ To: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Page \_\_\_ of \_\_\_

Aircraft Type	# of Depart.	Frequency	Total # of Days	Scheduled Time	Arrival/ Depart.	# Seats on Aircraft	# Class E Seats Requested

**TOTAL NUMBER OF SEATS REQUESTED:** \_\_\_\_\_

**JWA USE ONLY:** Date Completed: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Total Number of Seats Allocated: \_\_\_\_\_

**ACCESS PLAN REFERENCE:**  
 §3.4.3 - Request for Class E Operations Approval