

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

**ANNUAL SEAT CAPACITY ALLOCATION REQUEST FORM
(AIR CARRIER)**

Air Carrier: _____
 Affiliate: _____
 Signature: _____

Date Submitted: _____
 For Period (Date): From: _____ To: _____
 Page __ of __

1	2	3	4	5	6	7	8	9	10
Class	Aircraft Type	Seat Config.	Reg. Daily Dep.	Special Daily Dep.	Freq.	Dep. Days	Total Number Days	Total Arr./Dep. OPS	Total Seats ↵

↵ CALCULATION: MULTIPLY COLUMNS 3 AND 9

TOTAL REGULAR ALLOCATION REQUESTED: _____
 TOTAL ADDITIONAL ALLOCATION REQUESTED: _____
 TOTAL ALLOCATION REQUESTED: _____

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____
 Total Seat Capacity Allocation: _____

ACCESS PLAN REFERENCE:
 §3.3.2 - Requirement of Annual Seat Capacity