

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

**VOLUNTARY
REDUCTION OF ADD ALLOCATION**

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

Number of voluntary reductions (previous): _____ months _____ days
 Number of voluntary reductions (this request): _____ months _____ days
 (No more than 24 months between January 1, 2016 and December 31, 2030)
 Total reductions: _____ months _____ days

ADD Class	Type of Aircraft	# of Seats on Aircraft	# of ADDs Returned	# of Days Returned	# of Seats Returned	Temporary or Permanent Return

TOTAL ADDS RETURNED: (_____)
 PREVIOUS ADD ALLOCATION: _____
 REMAINING ADD ALLOCATION: _____

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____
 Total Cumulative Period of Time Approved: _____
 Total ADDs Returned: _____
 Total ADD Allocation: _____

ACCESS PLAN REFERENCE:
 §3.1.3 - Voluntary Reduction of ADD Allocation