

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

**VOLUNTARY
REDUCTION OF SEAT CAPACITY ALLOCATION
(AIR CARRIER)**

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

Compliance: Have you returned seat capacity within the previous two (2) Plan Years? Yes No

ADD Class	Type of Aircraft	Number of Seats on Aircraft	Number of Seats Returned

TOTAL SEATS RETURNED: _____
 PREVIOUS SEAT ALLOCATION: _____
 REMAINING SEAT ALLOCATION: _____

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

ACCESS PLAN REFERENCE:
 §3.3.5 - Voluntary Reduction of
 Seat Capacity Allocation