

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

**PASSENGER CAPACITY ALLOCATION REQUEST FORM
(COMMUTER CARRIER)**

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

1	2	3	4	5	6	7	8
Aircraft Type	Arrival/Departure	Freq.	# of Seats In Aircraft	Est. Total # of Annual Operations	Projected Load Factors	Total Seats [∇]	# of Passengers Requested [^]

∇ CALCULATION: MULTIPLY COLUMNS 4 AND 5 = TOTAL SEATS TOTAL SEATS: _____

^ CALCULATION: MULTIPLY COLUMNS 6 AND 7 = PASSENGER REQUEST

TOTAL PASSENGER ALLOCATION REQUESTED: _____

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____
 Total Passenger Allocation Granted: _____

ACCESS PLAN REFERENCE:
 §3.5.2 - Commuter Passenger Capacity Allocation Procedures