

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

**VOLUNTARY REDUCTION OF  
PASSENGER CAPACITY ALLOCATION REQUEST FORM  
(COMMUTER CARRIER)**

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|--|--|
| Air Carrier: _____<br>Affiliate: _____<br>Signature: _____ | Date Submitted: _____<br>For Period (Date): From: _____ To: _____<br>Page ___ of ___ |
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|   |                     |
|---|---------------------|
| Cumulative period of time for previous voluntary reduction requests:                  | ___ months ___ days |
| Cumulative period of time for this voluntary reduction request:                       | ___ months ___ days |
| (No more than twenty-four (24) months between January 1, 2016, and December 31, 2030) |                     |
| Total voluntary reductions:   | ___ months ___ days |

CURRENT REGULAR PASSENGER CAPACITY ALLOCATION: \_\_\_\_\_

CURRENT SUPPLEMENTAL PASSENGER CAPACITY ALLOCATION: \_\_\_\_\_

TOTAL PASSENGER CAPACITY ALLOCATION FOR CURRENT PLAN YEAR: \_\_\_\_\_

NUMBER OF PASSENGER CAPACITY ALLOCATIONS RETURNED:  
(MAY NOT EXCEED 30% OF TOTAL AND SUPPLEMENTAL ALLOCATIONS.) \_\_\_\_\_

CURRENT REMAINING PASSENGER CAPACITY ALLOCATION: \_\_\_\_\_

|   |
|---|
| <b>JWA USE ONLY:</b> Date Completed: _____<br>Date Received: _____ Staff: _____<br>Total Cumulative Period of Time Approved: _____<br>Total Passengers Returned: _____<br>Total Passenger Allocation: _____ |
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| <b>ACCESS PLAN REFERENCE:</b><br>§3.5.4 - Voluntary Reduction of<br>Passenger Capacity Allocation |
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