

**JOHN WAYNE AIRPORT
ORANGE COUNTY (SNA)

AMENDED RON INFORMATION FORM**

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

RONs Add/or Return	Aircraft Type	Aircraft Max GTOW	Dep Class	Position Requested		RON Arrival Days of the Week to be Used
				Apron	Loading Bridge	

PREVIOUS RON ALLOCATION: _____

ADDITIONAL RON ALLOCATIONS REQUESTED: _____

RON ALLOCATIONS RETURNED: _____

Days of the Week
M·1, T·2, W·3, TH·4, F·5, S·6, S·7

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____
 Total RON Allocated: _____
 Total RON Returned: _____
 Total RON Allocation: _____

ACCESS PLAN REFERENCE:
 §5.2.2 – Amended RON
 Request Form