

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

**RON POSITION ALLOCATION REQUEST
FORM (COMMUTER CARRIER)**

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

Aircraft Type	Aircraft Maximum GTOW	Dep Class	Arr/Dep Time	Position Requested		RON Arrival Days of the Week to be Used
				Apron	FBO	

TOTAL RON ALLOCATIONS REQUESTED: _____

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 Allocation: _____

ACCESS PLAN REFERENCE:
 §57 – Commuter Carrier RON
 Allocation Requests