



**U.S. Department of  
Transportation**

Office of the Secretary  
of Transportation

**AIR CARRIER'S CLAIM FOR  
SUBSIDY**

Submit this form  
to:

U.S. Department of Transportation  
Office of Aviation Analysis, X-53  
400 Seventh Street, S.W.  
Washington, D.C. 20590

Carrier: \_\_\_\_\_

Vou. No.: \_\_\_\_\_  
Rec'd.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month: \_\_\_\_\_

Computation of Subsidy per  
Order No.: \_\_\_\_\_  
Departures Performed: \_\_\_\_\_  
Base Rate: \_\_\_\_\_

\$ \_\_\_\_\_

For DOT Use

Subsidy Claimed from DOT

I certify that the above bill is correct and just according to the attached supporting statements, that the supporting statements are consistent with operating records, and that the supporting statements reflect service complying with that authorized by the above-referenced DOT rate order except as noted under "Aircraft Substitutions, Irregular Flights, and Other Remarks." During the period covered by this claim, the carrier has complied with Parts 379 and 382 of the DOT aviation regulations (14 CFR 379 and 382) and furnishes assurance that said compliance will continue.

Signature  
Date

Title

Payment:

Payment

\$ \_\_\_\_\_

Adjustments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

Bal. Paid (Sch. No. \_\_\_\_\_, Date \_\_\_\_\_)

\$ \_\_\_\_\_

Residual Payment:

Prior Payments

\$ \_\_\_\_\_

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Bal. Paid (Sch. No. \_\_\_\_\_, Date \_\_\_\_\_)

Total Subsidy Payments for the Month  
\$ \_\_\_\_\_

The information called for by this form is used by the Office of the Secretary of Transportation to verify, adjust, and settle claims for the provision of subsidized essential air service at eligible communities. The information will form the basis for paying claims to subsidized air carriers, who must submit these completed forms to claim subsidy payable to them under 49 USC 41737(c). Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information, upon submission to the Department of Transportation, becomes publically available. The Department of Transportation may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2106-0044.

### **INSTRUCTIONS FOR FORM 398**

1. **DOT RATE ORDER** The number of the DOT rate order applicable to the service at issue. This number appears in the upper right-hand corner of the first page of the order.
2. **TOTAL DEPARTURES CLAIMED** The total subsidy-eligible departures performed in the service at issue during the specified month, representing the sum of the totals appearing at the bottom of Forms 397.
3. **RATE PER DEPARTURE** The applicable subsidy rate per departure (subsidy payout formula) as established by the Department rate order. This rate is typically found both in one of the order's ordering paragraphs and in one of its appendixes.
4. **SUBSIDY CLAIM** Total departures claimed multiplied by the rate per departure, rounded to the nearest dollar. The resulting amount represents the carrier's total subsidy claim for the service at issue during the specified month.
5. **RECORD RETENTION** Carriers are required to retain all books, records, and other source and summary documentation to support subsidy claims for payment and to preserve and maintain such documentation in a manner that readily permits the audit and examination thereof by representatives of the Department. Such documentation shall be retained for seven years or until the Department indicates that the records may be destroyed. Copies of flight logs for aircraft sold or disposed of must be retained.