## **PAPERWORK REDUCTION Act Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that Control Number for this information collection is 2106-0005. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of International Aviation, X-46, 1200 New Jersey Avenue SE, Suite W-86-445, Washington, DC 20590.

## STATEMENT OF CHARTER OPERATOR OR DIRECT AIR CARRIER, AND SECURER



INSTRUCTIONS: Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

			(Charter Operator or Director Air	Carrier)		
and						
			(Securer)			
certify that we hav	ve entered into a securit	y agreement number			, in the	
				(Security Agreement Number)		
amount of \$	(Amount)	on	(Date)	This agreement covers prop	osed flight schedule	
umber		, a copy of which has	been received by	(Securer)		
This say		(\$200.24) (\$200.24-)	of DOT's Demilations (4.4	(,		
•	·	§380.34) (§380.34a)	of DOT's Regulations (14	CFR §380.34 or §380.34a).		
This agreement is Surety Bo	,					
Surety Tr	ust Agreement					
Letter of Credit (for participants of flight schedule number			ber	)	)	
Check one of the f	following: ement is in an unlimited	I amount.				
There are	e no outstanding claims	against this agreeme	ent.			
There are	e outstanding claims aga	ainst this agreement i	in the amount of \$	We have execute	d a rider to the agreemen	
on	, increasing	the coverage by this	amount.*			
(Date)						
			(Securer)	will sep	arately pay any claims for	
hich it may be liable	e without impairing the sec	urity agreement or reduc	(Securer) cing the amount of coverage."			
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OST Form 4533 OST 4530, 32-35 Form Disk