

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 collection of information displays a current valid OMB Control Number. The OMB 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, DIRECT AIR CARRIER
AND DEPOSITORY BANK**



U.S. Department of
Transportation
Office of the Secretary
of Transportation

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

We _____, _____
(Charter Operator)* (Direct Air Carrier)
and _____,
(Depository Bank)
_____ certify that we have entered into a depository agreement on
(Date) This agreement covers proposed flight schedule number _____ a copy of which has been
(Flight Schedule Number)
received by _____ This agreement complies with (§380.34) (§380.34a) of DOT's
(Depository Bank)
Regulations (14 CFR §380.34 or §380.34a). The depository bank is insured by the Federal Deposit Insurance Corporation.

As signatories to this agreement, we fully understand, and will completely fulfill our respective obligations outlined in the agreement and the above-stated DOT regulations.

CHARTER OPERATOR

DIRECT AIR CARRIER

BY: _____
(Signature)*

(Name in print)

(Title)

(Phone Number) / (Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

BY: _____
(Signature)*

(Name in print)

(Title)

(Phone Number) / (Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

DEPOSITORY BANK

BY: _____
(Signature)*

(Name in print)

(Title)

(Phone Number) / (Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

**This document is not acceptable if not dated.

*Write "N.A." if there is no charter operator