

 <b>Federal Aviation Administration</b> U. S. Department of Transportation	<h2 style="margin: 0;">PASSENGER FACILITY CHARGE (PFC) APPLICATION</h2>																														
<b>1. Application Type</b> <i>(Check all that apply)</i> <input type="checkbox"/> a. Impose PFC Charges <input type="checkbox"/> b. Use PFC Revenue <input type="checkbox"/> c. Amend PFC No. _____	FAA USE ONLY																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Date Received</td> <td style="width:50%; text-align: center;">PFC Number</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Date Received	PFC Number	_____	_____																										
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<b>PART I</b>																															
<b>2. Public Agency Name, Address, and Contact Person</b> Agency Name _____ Address _____ City, State, ZIP _____ Contact Person _____	<b>3. Airport(s) to Use</b> _____ _____																														
	<b>4. Consultation Dates</b> a. Date of Written Notice to Air Carriers: _____ b. Date of Consultation Meeting with Air Carriers: _____ c. Date of Public Notice: _____																														
<b>PART II</b>																															
<b>5. Charges</b>																															
a. Airport to Impose _____	b. Level <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$4.00 <input type="checkbox"/> \$4.50																														
	c. Total Estimated PFC Revenue by Level Impose _____ Use _____ Impose _____ Use _____																														
	d. Proposed Effective Date: _____ e. Estimated Expiration Date: _____																														
<b>PART III</b>																															
<b>6. Attachments</b> <i>(Check all that Apply)</i>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Attached</th> <th style="width:15%;">Submitted with Application Number</th> <th style="width:80%;">Document</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">a.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">b.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">c.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">d.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">e.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">f.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">g.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">h.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> <tr><td style="text-align: center;">i.</td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>	Attached	Submitted with Application Number	Document	a.	<input type="checkbox"/>	_____	b.	<input type="checkbox"/>	_____	c.	<input type="checkbox"/>	_____	d.	<input type="checkbox"/>	_____	e.	<input type="checkbox"/>	_____	f.	<input type="checkbox"/>	_____	g.	<input type="checkbox"/>	_____	h.	<input type="checkbox"/>	_____	i.	<input type="checkbox"/>	_____	Document Airport Capital Improvement Plan Project Information (Attachment B) Air Carrier Consultation and Public Notice Information Request to Exclude Class(es) of Carriers Alternative Uses/Projects Competition Plan/Update ALP/Airspace/Environmental Notice of Intent Project Information _____
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a.	<input type="checkbox"/>	_____																													
b.	<input type="checkbox"/>	_____																													
c.	<input type="checkbox"/>	_____																													
d.	<input type="checkbox"/>	_____																													
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f.	<input type="checkbox"/>	_____																													
g.	<input type="checkbox"/>	_____																													
h.	<input type="checkbox"/>	_____																													
i.	<input type="checkbox"/>	_____																													
<b>PART IV</b>																															
<b>7. With respect to this PFC application I hereby certify as follows:</b>																															
To the best of my knowledge and belief, all data in this application are true and correct; This application has been duly authorized by the governing body of the public agency; The public agency will comply with the assurances (Appendix A to Part 158) if the application is approved; For those projects for which approval to use PFC revenue is requested, all applicable ALP approvals, airspace determinations, and environmental reviews required by the National Environmental Policy Act have been completed. If required, the public agency has submitted a competition plan in accordance with 49 U.S.C. 47106(f); and If required by 49 U.S.C. 40117(d)(4), adequate provision for financing the airside needs, including runways, taxiways, aprons, and gates, has been made by the public agency.																															
a. Typed Name of Authorized Representative _____	b. Title _____																														
	c. Telephone Number _____																														
	d. E-mail Address _____																														
	e. Fax Number _____																														
f. Signature of Authorized Representative _____	g. Date Signed _____																														