

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**



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 or Director Air Carrier)

and _____
(Securer)

certify that we have entered into a security agreement number _____, in the
(Security Agreement Number)

amount of \$ _____ on _____ This agreement covers proposed flight schedule
(Amount) (Date)

number _____, a copy of which has been received by _____.
(Securer)

This agreement complies with (§380.34) (§380.34a) of DOT's Regulations (14 CFR §380.34 or §380.34a).

This agreement is a (Check one):

- Surety Bond
- Surety Trust Agreement
- Letter of Credit (for participants of flight schedule number _____)

Check one of the following:

- This agreement is in an unlimited amount.
- There are no outstanding claims against this agreement.
- There are outstanding claims against this agreement in the amount of \$ _____. We have executed a rider to the agreement on _____, increasing the coverage by this amount.*
(Date)

*In place of this sentence, the following statement may be used: " _____ will separately pay any claims for
(Securer)
which it may be liable without impairing the security agreement or reducing the amount of coverage."

CHARTER OPERATOR or DIRECT AIR CARRIER

SECURER

BY: _____
(Signature)*

BY: _____
(Signature)

(Name in print)

(Name in print)

(Title)

(Title)

_____/_____
(Phone Number) (Fax Number)

_____/_____
(Phone Number) (Fax Number)

(Street, Box Number)

(Street, Box Number)

(City, State, Zip Code)

(City, State, Zip Code)

(Date)**

(Date)**

**This document is not acceptable if not dated.