According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it deplays a valid OMB control number. The estimated burden to complete this form is 15 minutes. The OMB control number for this information collection is 2105-NEW. The authority for the collection expires on <<DATE>>

**Warning:** It is a Federal crime to make materially false, fictitious, or fraudulent statements, entries, or representations knowingly and willfully on this form to secure disability accommodations provided under regulations of the United States Department of Transportation (18 U.S.C. § 1001).

## United States Department of Transportation Service Animal Relief Attestation Form

Servi	ce Animal Handler's N	ame	Phone:			
Servi	ce Animal User's Name	e (if different Handler):	Phone:			
Emai	1:					
		Estimated Flight Length:				
		Departure Airport:	Arrival Airport:			
Chec	k one or both boxes:					
o_	[Insert Animal's Name]	will not need to relieve itself while on the aircraft.				
o	[Insert Animal's Name]	can relieve itself on the ai	rcraft without creating a health/sanitation issue.			
	Describe how will refrain from relieving itself, or relieve itself without posing a health/sanitation issue (e.g., the use of a dog diaper):					
		[Insert Animal's Name]	age, then the airline may charge me for the cost to sengers without disabilities to repair the same kind of			
ं	I am signing an official document of the U.S. Department of Transportation. My answers are true to the best of my knowledge. I understand that if I knowingly make false statements on this document, I can be subject to fines and other penalties.					
Signa	ature of the handler:		Date:			