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

**STATEMENT OF CHARTER OPERATOR AND DIRECT AIR CARRIER  
FLIGHT SCHEDULE NUMBER \_\_\_\_\_**

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

1a. Name (and DBA, if applicable) and Mailing Address of Charter Operator

1b. Telephone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

2a. Name (and DBA, if applicable) and Mailing Address of Direct Air Carrier:

2b. Telephone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

3. Proposed date and routing of each flight: (use additional pages, if necessary)

4. Type of aircraft and number of seats engaged:

5. Charter price of each flight:\*

\$ \_\_\_\_\_

6. Tour itinerary (if any) including hotels (names and length of stay at each), and other accommodations and services:

\*If confidentiality is desired, please state charter price in separate correspondence.

We, \_\_\_\_\_  
(Charter Operator)

and \_\_\_\_\_  
(Direct Air Carrier)

certify that we have entered into a charter contract on \_\_\_\_\_ that covers the  
(Date)

flight schedule described above. The contract complies with all applicable DOT regulations.

7. A copy of the flight schedule has been sent to (complete applicable blanks and write "N.A." in those not applicable):

\_\_\_\_\_  
(Charter Operator's Securer)

\_\_\_\_\_  
(Charter Operator's Depository Bank)

\_\_\_\_\_  
(Direct Carrier's Securer)

\_\_\_\_\_  
(Direct Carrier's Depository Bank)

8. Applicant is a U.S. Public Charter Operator as defined in Section 380.2 of the Department's regulations:

\_\_\_\_\_  
(Signature of Officer) (Name in print) (Title)

9. **CHARTER OPERATOR**

**DIRECT AIR CARRIER**

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.