

**PAYROLL SUPPORT PROGRAM EXTENSION (PSP2)**  
**APPLICATION FORM**  
**for Passenger Air Carriers and Contractors who participated in PSP1 and provided**  
**Taxpayer Protection Instruments**

The definitions of the terms contained in this application appear in Division N, Title IV, Subtitle A of the Consolidated Appropriations Act, 2021 (the PSP Extension Law) and in the Guidelines and Application Procedures for Payroll Support to Passenger Air Carriers and Contractors dated December 29, 2020 (the Guidelines). A separate application form should be submitted for each eligible affiliate that is applying for PSP2.

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**APPLICANT INFORMATION**

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|                                |  |
|--------------------------------|--|
| Applicant Name                 |  |
| Applicant's Taxpayer ID Number |  |
| Applicant's DUNS Number        |  |
| Applicant's Address            |  |
| First Contact Person Name      |  |
| First Contact Person Title     |  |
| First Contact Person Phone     |  |
| First Contact Person E-mail    |  |
| Second Contact Person Name     |  |
| Second Contact Person Title    |  |
| Second Contact Person Phone    |  |
| Second Contact Person E-mail   |  |

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**APPLICANT TYPE**

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Type of applicant (choose one):

|                          |                   |                          |            |
|--------------------------|-------------------|--------------------------|------------|
| <input type="checkbox"/> | Passenger Carrier | <input type="checkbox"/> | Contractor |
|--------------------------|-------------------|--------------------------|------------|

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**FINANCIAL INSTITUTION INFORMATION**


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Please provide financial institution information for receiving your payments. Accounts must be capable of receiving a wire transfer.

|                                        |  |
|----------------------------------------|--|
| Routing Transit Number                 |  |
| Account Number                         |  |
| Financial Institution Name             |  |
| Financial Institution Address          |  |
| Financial Institution Telephone Number |  |

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**EMPLOYMENT LEVELS**


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Identify the annual average number of U.S. employees active and on payroll for the applicant in 2019, and the number of U.S. employees active and on payroll as of March 27, 2020, as of October 1, 2020, and as of the date of application submission.

|                                                                     |  |
|---------------------------------------------------------------------|--|
| Average Number of Employees Active and on Payroll in 2019           |  |
| Number of Employees Active and on Payroll as of March 27, 2020      |  |
| Number of Employees Active and on Payroll as of September 30, 2020  |  |
| Number of Employees Active and on Payroll as of Date of Application |  |

Identify the number of U.S. employees the applicant has involuntarily furloughed, laid off, or subjected to other involuntary employee reductions after March 27, 2020, September 30, 2020, and December 1, 2020.

|                                                 |  |
|-------------------------------------------------|--|
| Involuntary Reductions after March 27, 2020     |  |
| Involuntary Reductions after September 30, 2020 |  |
| Involuntary Reductions after December 1, 2020   |  |

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**AWARDABLE AMOUNTS**


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The maximum potential amount of payroll support that will be awardable to an approved applicant is provided under Section 403 of the PSP Extension Law, as determined by the Secretary of the Treasury in his sole discretion (Awardable Amount).

**For passenger air carriers that were required to report salaries and benefits to the U.S. Department of Transportation (DOT) under 14 CFR part 241, as of March 27, 2020, and**

**received financial assistance under the Payroll Support Program pursuant to the CARES Act (PSP1),** elect whether the Awardable Amount will be based on:

- 1) the amount the applicant was approved to receive (without taking into account any pro rata reduction) under PSP1; or
- 2) the amount of salaries and benefits reported to DOT under 14 CFR part 241 for the period from October 1, 2019, to March 31, 2020:

|  |                                                                                                                  |  |                                                                                                               |
|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|
|  | The amount the applicant was approved to receive (without taking into account any pro rata reduction) under PSP1 |  | The amount of salaries and benefits reported to DOT under 14 CFR part 241 for the period from October 1, 2020 |
|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|

**For contractors that received financial assistance under the PSP1 pursuant to the CARES Act,** the Awardable Amount will be based on the amount that the applicant was approved to receive (without taking into account any pro rata reduction) under the PSP1 pursuant to the CARES Act.

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### CERTIFICATIONS

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I certify under penalty of perjury that the information and certifications provided in the application and its attachments are true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001; 31 U.S.C. §3729, 3802).

|                                  |  |
|----------------------------------|--|
| Name of Certifying Official      |  |
| Title of Certifying Official     |  |
| Signature of Certifying Official |  |
| Applicant Name                   |  |
| Date                             |  |

|                                         |  |
|-----------------------------------------|--|
| Name of Second Certifying Official      |  |
| Title of Second Certifying Official     |  |
| Signature of Second Certifying Official |  |
| Applicant Name                          |  |
| Date                                    |  |

#### PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is two hours per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.