

**JOHN WAYNE AIRPORT  
ORANGE COUNTY (SNA)  
AMENDED DECLARATION OF FORMATION OF ASSOCIATED OPERATING GROUP**

<b>ASSOCIATED OPERATING GROUP MEMBERS</b>			
1. Carrier Name:		3. Carrier Name:	
1. Commercial Carrier:	or Commuter Carrier:	3. Commercial Carrier:	or Commuter Carrier:
1. Signature:		3. Signature:	
2. Carrier Name:		4. Carrier Name:	
2. Commercial Carrier:	or Commuter Carrier:	4. Commercial Carrier:	or Commuter Carrier:
2. Signature:		4. Signature:	

<b>COMPLIANCE</b>			Date Submitted:					
			For Period From:					
<b>Are you in full compliance with the following sections?</b>			For Period To:					
3.5.5:	Yes	No	3.9.3:	Yes	No	8.14:	Yes	No
3.9.1:	Yes	No	3.10.1:	Yes	No			
3.9.2:	Yes	No	8.2:	Yes	No			

<b>JWA USE ONLY:</b>	
<b>Date Completed:</b>	_____
<b>Date Received:</b>	<b>Staff:</b>

<b>ACCESS PLAN REFERENCE:</b>
§ 3.9.1 – FORMATION OF ASSOCIATED OPERATING GROUPS

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<b>INDIVIDUAL CARRIER ALLOCATION ("Default" Allocation with NO Associated Operating Group)</b>						<b>ASSOCIATED OPERATING GROUP CARRIER OPERATIONS PROPOSAL</b>				
Capacity	Carrier 1	Carrier 2	Carrier 3	Carrier 4	TOTAL	Carrier 1	Carrier 2	Carrier 3	Carrier 4	TOTAL
<b>Regular ADDs:</b>										
- Class A Departures										
- Class A ADD Allocation										
- Class PE Departures										
- Class PE ADD Allocation										
<b>Supplemental Departures:</b>										
- Class A Departures										
- Class A ADD Allocation										
<b>Authorized Seat Capacity:</b>										
- Regular Seats										
- Supplemental Seats										
Total Seat Capacity										
<b>Passenger Capacity:</b>										
<b>RON Positions:</b>										
- Commercial Carrier										
- Commuter Carrier										

<b>JWA USE ONLY:</b>	
<b>Date Completed:</b>	_____
<b>Date Received:</b>	<b>Staff:</b>

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