

AGENCY DISPLAY OF ESTIMATED BURDEN

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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: Submit this form **in duplicate** to U.S. Department of Transportation, Special Authorities Division, X-57, Office of Aviation Analysis, 400 7th Street, SW, Washington, DC 20590. 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.

