



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
AIRPORTS DIVISION
400 Rodgers Boulevard, Suite 700
Honolulu, Hawaii 96819-1880

DATE _____

PROPOSAL TO PROVIDE AIR SERVICE IN THE STATE OF HAWAII

1. Company Name: _____
2. Address: _____

3. Telephone No.: _____
4. E-mail/Website: _____
5. Type of Service: _____
(Scheduled Airlines, Commuter, Air Cargo, Taxi, Tour, etc.)
6. Airports in Hawaii to be served and start of service dates:

<u>Airport</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

7. Key Management Personnel:
 - a. President _____
 - b. Director of Operations _____
 - c. Director of Finances _____
 - d. Director of Properties _____

e. Director of Maintenance _____

f. Station Manager(s) _____

8. Type of USDOT and FAA Certificates Held and Dates of Issuance:

9. Specify the term which applies to your firm:

() Sole Proprietorship

() Partnership:

Names of Partners

Address

() Corporation:

Date of Incorporation: _____

Corporate Officers

President _____

Vice President _____

Secretary _____

Treasurer _____

() Other: _____

10. Gross Income Tax License No. _____

11. Name and Branch of Bank which handles your business accounts:

12. Attach a copy of current Balance Sheet and Income Statement.

13. Attach a copy of audited Financial Report.

14. Attach a copy of proposed flight schedule.

15. Air service aircraft:

<u>Model</u>	<u>Maximum T.O. Weight</u>	<u>Maximum Landing Weight</u>	<u>Passengers</u>	<u>Cargo</u>

16. Station functions to be provided by others:

Fuel _____

Aircraft Maintenance _____

Ground Handling _____

Passenger Handling _____

Catering _____

Cargo _____

17. Attach description of amount and location of terminal, and land area required for passenger check-in, operations offices, baggage handling, cargo, aircraft maintenance, equipment parking, and other activities.

18. Attach a copy of Certificate of Insurance which: (1) meets the following minimum insurance requirements, (2) names the State as ADDITIONALLY INSURED, and (3) indicates that the State will be notified in case of cancellation is attached.

a. Passenger Liability Insurance Per Person Total per Occurrence

As required by 14 CFR part 205.

b. Motor Vehicle Liability

Combined single limit bodily injury and property damage. \$ 5,000,000

c. Comprehensive General Liability Insurance

Combined single limit bodily injury and property damage. \$ 5,000,000

I certify the above information and the attached material to be correct and accurate description of the air service to be provided in the State of Hawaii.

Signature

Printed Name

Title