

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>		Dates	
		_		
		_		
		_		
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)				
Type of USDOT and FAA Certificates Held	and Dates of Issuance:			
Specify the term which applies to your firm:				
() Sole Proprietorship				
() Partnership:				
Names of Partners	Address			
() Corporation:				
Date of Incorporation:				
Corporate Officers				
President				
Vice President				
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 aircrat	Maximum <u>T.O. Weight</u>	Maximum <u>Landing Weight</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 <u>ADDITIONALLY INSURED</u>, 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 In	nsurance	
	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