



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.

