State of Hawaii Department of Transportation Airports Division

REQUEST FOR AIR TRAFFIC DATA

(To be completed by the	requestor)			
COMPANY NAME:	DATE:			
ADDRESS:				
REQUESTED BY (NAME):				
PHONE NO:	FAX NO:	EMAIL AI	DDRESS:	
ARE YOU CURRENTLY UN	DER CONTRACT WITH HD	OOT-AIRPORTS?	YES NO	
IF YES, PLEASE PROVIDE T	THE NAME AND CONTACT	NUMBER OF THE HDO	Γ-AIRPORTS STAFF BELOW:	
NAME OF HDOT-AIR STAFF:			PHONE NO.:	
NAME OF UNIT OR SECTION	ON:			
WHICH DATA ARE YOU IN	ITERESTED ON? (please c	heck the corresponding	box/es or fill in the blanks below)	
PASSENGER CARGO MAIL AIRCRAFT OPERA AIRPORT: Daniel K. Hilo Inter Ellison Or Kahului A	DEPLANED DEPLANED DEPLANED TIONS Inouye International Airport (ITO) nizuka Kona Internationa Airport (OGG) port (LIH)	ENPLANED ENPLANED ENPLANED Oort (HNL)	вотн вотн вотн	
Other Hawaii Airports:				
HOW WILL DATA/INFORM (Please indicate if the req			nning, accreditation, etc.)	
SIGNATURE OF REQUESTO	OR			
 Date	_			