

PASSENGER FACILITY CHARGE (PFC) APPLICATION								
Application Type (Check all that apply)			FAA USE ONLY					
a. Impose PFC Charges								
b. Use PFC Revenue				Date Received:				
c. Amend PFC No.				PFC Number:				
PART I - General								
2. Public Agency Name, Address, and Contact Person Agency Name:			3. Airpor	3. Airport(s) to use		a. Date of Written Notice to Air		
Address:						Carriers:		
City, State, ZIP:						 b. Date of Consultation Meeting with Air Carriers: 		
Contact Person:						c. Date of Public Notice:		
D.A.				ART II - Charges				
PART II - Charges 5. Charges								
a. Airport to Impose:	b. Level \$1.00 \$2.00 \$3.0		c. Total E PFC Ro Impose:		d. Proposed Effective Date:		e. Estimated Expiration Date:	
	\$4.0	\$4.50	Use:					
		PAR	 RT III - Atta	achments				
6. Attachments (Check all that Apply)								
				ached Submitted with Application Number:				
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I. Other: Attacl				''				
PART IV - Certification								
 7. With respect to this PFC application I hereby certify as follows: To the best of my knowledge and belief, all data in this application are true and correct; This application has been duly authorized by the governing body of the public agency; The public agency will comply with the assurances (Appendix A to Part 158) if the application is approved; For those projects for which approval to use PFC revenue is requested, all applicable ALP approvals, airspace determinations, and environmental reviews required by the National Environmental Policy Act have been completed. If required, the public agency has submitted a competition plan in accordance with 49 U.S.C. 47106(f); and If required by 49 U.S.C. 40117(d)(4), adequate provision for financing the airside needs, including runways, taxiways, aprons, and gates, has been made by the public agency. 								
a. Name of Authorized Repres	b. Title	o. Title			c. Telephone Number			
d. E-mail Address								
Please read the following information: By signing this document, you are agreeing that you have reviewed the following disclosure information and consent to transact business using electronic communications, to receive notices and disclosures electronically, and to utilize electronic signatures in lieu of using paper documents. You are not required to receive notices and disclosures or sign documents electronically. If you prefer not to do so, you may request to receive paper copies and withdraw your consent at any time.								
e. Signature of Authorized Representative						f. Date Signed		