



PASSENGER FACILITY CHARGE (PFC) APPLICATION

1. Application Type (Check all that apply)

- a. Impose PFC Charges
- b. Use PFC Revenue
- c. Amend PFC No. _____

FAA USE ONLY

Date Received _____

PFC Number _____

PART I

2. Public Agency Name, Address, and Contact Person

Agency Name Pinellas County

Address 14700 Terminal Blvd, Ste 221

City, State, ZIP Clearwater, FL 33762

Contact Person Yvette Aehle, Deputy Director of Finance & Administration (727-453-7804)

3. Airport(s) to Use

**ST. PETE-CLEARWATER
INTERNATIONAL
AIRPORT (PIE)**

4. Consultation Dates

- a. Date of Written Notice to Air Carriers:
December 14, 2015
- b. Date of Consultation Meeting with Air Carriers:
January 19, 2016
- c. Date of Public Notice
December 15, 2015

PART II

5. Charges

a. Airport to Impose	b. Level	c. Total Estimated PFC Revenue by Level	d. Proposed Effective Date:	e. Estimated Expiration Date:
ST. PETE-CLEARWATER INTERNATIONAL AIRPORT (PIE)	<input type="checkbox"/> \$1.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$3.00	Impose	July 1, 2017	February 1, 2021
	<input type="checkbox"/> \$4.00 <input checked="" type="checkbox"/> \$4.50	Use		
		Impose \$11,419,725		
		Use \$11,419,725		

PART III

6. Attachments (Check all that Apply)

Attached	Submitted with Application Number	Document
a. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Airport Capital Improvement Plan
b. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Project Information (Attachment B)
c. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Air Carrier Consultation and Public Notice Information
d. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Request to Exclude Class(es) of Carriers
e. <input type="checkbox"/>	<input type="checkbox"/> _____	Alternative Uses/Projects
f. <input type="checkbox"/>	<input type="checkbox"/> _____	Competition Plan/Update
g. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	ALP/Airspace/Environmental
h. <input type="checkbox"/>	<input type="checkbox"/> _____	Notice of Intent Project Information
i. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Additional Information _____

PART IV

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. Typed Name of Authorized Representative Mark S. Woodard	b. Title County Administrator	c. Telephone Number (727) 464-3485
	d. E-mail Address mwoodard@pinellascounty.org	e. Fax Number (727) 453-7846
f. Signature of Authorized Representative		g. Date Signed

Paperwork Reduction Act Statement: This form is the FAA's primary source for collecting information for the authority to collect PFC revenue for airport development. This information is used to determine the eligibility and justification of airport development projects regarding safety, security, or capacity of the national air transportation system; or which reduce noise or mitigate noise impacts resulting from an airport; or furnish opportunities for enhanced competition between or among air carriers. It is estimated that it will take approximately 5-80 hours to fill out the application depending on the complexity. The use of the form is required to obtain FAA approval of authority to collect PFC revenue (49 U.S.C. 40117(c)). No assurance of confidentiality is necessary or provided. It should be noted that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0557. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC, 20591, Attn: Information Collections Clearance Officer, AIO-20.

DRAFT ONLY