

PASSENGER FACILITY CHARGE (PFC) APPLICATION

1. Application Type <i>(Check all that apply)</i> <input checked="" type="checkbox"/> a. Impose PFC Charges <input checked="" type="checkbox"/> b. Use PFC Revenue <input type="checkbox"/> c. Amend PFC No.	FAA USE ONLY Date Received: PFC Number:
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PART I - General

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 - Finance & Ad	3. Airport(s) to Use St. Pete-Clearwater International Airport (PIE)	4. Consultation Dates a. Date of Written Notice to Air Carriers: 04/20/2022 b. Date of Consultation Meeting with Air Carriers: 05/24/2022 c. Date of Public Notice: 04/20/2022
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PART II - Charges

5. Charges				
a. Airport to Impose: St. Pete-Clearwater International Airport (PIE)	b. Level <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$4.00 <input checked="" type="checkbox"/> \$4.50	c. Total Estimated PFC Revenue Impose: \$ 6,454,000 Use: \$ 6,454,000	d. Proposed Effective Date: 03/01/2023	e. Estimated Expiration Date: 02/01/2024

PART III - Attachments

6. Attachments <i>(Check all that Apply)</i>		
a. Airport Capital Improvement Plan b. Application Project Information c. Air Carrier Consultation and Public Notice Information d. Request to Exclude Class(es) of Carriers e. Alternative Uses/Projects f. Competition Plan/Update g. ALP/Airspace/Environmental h. Notice of Intent Project Information I. Other:	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Attached <input checked="" type="checkbox"/> Attached <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Attached <input type="checkbox"/> Attached <input type="checkbox"/> Attached <input checked="" type="checkbox"/> Attached <input checked="" type="checkbox"/> Attached	Submitted with Application Number: Submitted with Application Number: Submitted with Application Number: Submitted with Application Number: Submitted with Application Number: Submitted with Application Number: Submitted with Application Number: Submitted with Application Number:

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 Representative Charlie Justice	b. Title Chair - Pinellas County Board of County Commissi	c. Telephone Number (727) 464-3363
d. E-mail Address cjustice@pinellascounty.org		

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
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