



Commonwealth Ports Authority

AIR CARRIER INCENTIVE PROGRAM APPLICATION

| | |
|-------------------------|--|
| Airline | |
| Address | |
| City / State / Zip Code | |
| Contact Person (Name) | |
| Contact Person (Title) | |
| Phone | |
| Email | |

| Origin of Flight | Period Effective Date Beginning | End | Aircraft Type & Series | Arrival Flight # | SPN Arrival Time | Days of Operation (1 thru 7) |
|------------------|------------------------------------|-----|---------------------------|------------------|---------------------|------------------------------------|
| | | | | | | |

Check all that apply:

Airline will operate at least two (2) flights a week continuously from the period effective date to the period end date.

Airline has not provided services in the past three (3) months to the Francisco C. Ada/Saipan International Airport, Benjamin Taisacan Manglona International Airport, or the Tinian International Airport.

If Airline has provided services in the past three (3) months:

Last Date of Service: _____

Airport Serviced: Saipan Rota Tinian

Route Operated: _____

Airline has not provided services in the past twelve (12) months to the Francisco C. Ada/Saipan International Airport, Benjamin Taisacan Manglona International Airport, or the Tinian International Airport.

If Airline has provided services in the past twelve (12) months:

Last Date of Service: _____

Airport Served: Saipan Rota Tinian

Route Operated: _____

Authorized Airline Representative
(Print Name & Signature)

Date

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Date Received: _____ Approved Disapproved

Type of Incentive Program Approved:

- New Entrant Carrier (Unserved Destination)
- New Entrant Carrier (Served Destination)
- New Service (Unserved Destination)
- New Service (Additional Flights to Specific Destinations)

Effective Date: _____

Termination Date: _____

Comments: _____

Executive Director

Date Approved/Disapproved