



# COMMONWEALTH PORTS AUTHORITY

## *Temporary Landing Fee and Terminal Rental Rate Reduction Program Application*



The Commonwealth Port Authority (CPA) hereby established a Temporary Landing Fee and Terminal Rental Rate Reduction Program for Francisco C. Ada/Saipan International Airport, Benjamin T. Manglona International Airport, and the Francisco M. Borja International Airport. The program aims to promote competition, attract new air carriers, retain incumbent air carriers, and increase scheduled direct passenger service to unserved and underserved destinations.

The temporary rate reduction program will be available to be applied to invoices from June 2024 through December 2024 only. Each eligible air carrier is limited to a total of four (4) months of rate reduction and no air carrier may participate in the program after December 31, 2024.

Air carriers seeking to participate in the temporary rate reduction program must enter into a written agreement with CPA, stipulating to which months the carrier would like to received reduced rates, before being invoiced for that month's operations.

### REDUCED RATES

Fee Type	Saipan International Airport	Saipan Commuter Airport	Rota International Airport	Tinian International Airport
Terminal Rental Rate <i>(per square foot)</i>	\$19.49	\$7.79	\$7.79	\$7.79
Landing Fee <i>(per thousand pounds)</i>	\$8.01	\$4.81	\$4.81	\$4.81

1. Please fill out all required contact information below.

<b>Airline</b>	
<b>Address</b>	
<b>City/State/Zip Code</b>	
<b>Contact Person (Name)</b>	
<b>Contact Person (Title)</b>	
<b>Phone</b>	
<b>Email</b>	



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2. Please select the month(s) where you would like to apply the reduced rate. **(select 4 only)**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> June 2024      | <input type="checkbox"/> July 2024    | <input type="checkbox"/> August 2024   |
| <input type="checkbox"/> September 2024 | <input type="checkbox"/> October 2024 | <input type="checkbox"/> November 2024 |
| <input type="checkbox"/> December 2024  |                                       |  |

3. Please print name and sign below agreeing to your participation in the Rate Reduction Program.

\_\_\_\_\_  
**Authorized Airline Representative**  
*(Print Name & Sign)*

\_\_\_\_\_  
**Date**

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**FOR CPA OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Approved     Disapproved

\_\_\_\_\_

*(If disapproved, provide brief explanation)*

\_\_\_\_\_  
**Executive Director**  
*(Print Name & Sign)*

\_\_\_\_\_  
**Date**