

AGENCY DISPLAY OF ESTIMATED BURDEN

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U.S. Department of
 Transportation
 Office of the Secretary
 of Transportation

**AIR TAXI OPERATOR AND COMMUTER AIR CARRIER
 REGISTRATION AND AMENDEMENTS UNDER
 PART 298 OF THE REGULATIONS OF
 THE DEPARTMENT OF TRANSPORTATION**

FOR USE BY DOT ONLY

Air taxis: Submit this form in duplicate to the Federal Aviation Administration, Air Transportation Division AFS-200, 800 Independence Avenue S.W. Washington, D.C. 20591

Commuters: Submit this form in duplicate to Department of Transportation, Air Carrier Fitness Division, X-56, Office of Aviation Analysis, 400 7th Street S.W., Washington D.C. 20590

Fees: The fee for the initial registration of an air taxi is \$8. The fee for an initial registration of a commuter is \$670. Checks, drafts, or postal money orders should be payable to DOT. There is no filing fee for amendment to forms previously filed.

Effective date of registration/amendments

3a. Federal Aviation Administration certificate number:

3b. Address of local FAA office:

3c. FAA Telephone No.:

3d. FAA Principal Operations Inspector:

1a. Name (and DBA, if applicable) and Mailing Address of the Registering Carrier:

1b. Telephone No. _____ Fax No. _____

2a. Address of principal place of business (if different from above):

2b. Telephone No. _____ Fax No. _____

4. This is the carrier's

Initial Registration

Amendment to reflect changes since previous filing (Complete item 9)

If initial registration, give proposed date of commencement of operation: _____

5. Check type or types of service the carrier intends to perform upon commencement of operations, or, for amendments, service the carrier is currently performing:

- | | | |
|--|--|--|
| <input type="checkbox"/> Scheduled passenger* | <input type="checkbox"/> On-demand passenger | <input type="checkbox"/> Air ambulance |
| <input type="checkbox"/> Scheduled Cargo | <input type="checkbox"/> On-demand cargo | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Mail under a U.S. Postal Service contract | <input type="checkbox"/> Other (Please specify)* _____ | |

• Check only if service is of at least five (5) round trips per week on at least one route between two or more points and is operated pursuant to published flight schedules which specify the times, days of the week, and places between which such flights are performed. If the registrant has not previously been found "fit, willing and able" to perform scheduled passenger service as a commuter, this registration should be accompanied by the evidence required by CFR 204.3 and, if applicable, 204.4

** For example, if the carrier performs other services such as the fighting operations for the U.S. Forest Service, it should be indicated here

6. Aircraft which the carrier proposes to operate in air taxi or commuter service or, for amendments, aircraft currently operated:

	Aircraft Make and Model	FAA Registration	Passenger Seats Installed*
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Add additional sheets if necessary)

* This does not include seats occupied by the pilot or co-pilot unless the latter is available for passenger use.

7. Is the registering carrier a U.S. Citizen.

Yes No

NOTE: An air taxi or commuter registered under Part 298 must be a citizen of the United States: The Federal Aviation Act defines a citizen as (a) an individual who is a U.S. citizen; (b) a partnership of which each member is a U.S. citizen; or (c) a corporation of which the President and two-thirds or more of the Officers and Directors are U.S. citizens and at least 75 percent of the voting interest is owned or controlled by U.S. citizens.

8. If this is an amendment, has the carrier carried passengers in foreign air transportation, that is, between any point in the United States and any point outside thereof, during the past 12 months:

Yes NO

9. REPORT CHANGES OR AMENDMENTS TO INFORMATION PREVIOUSLY FILED WITHIN 30 DAYS OF THE EFFECTIVE DATE:

a. Change in Carrier's Name and/or Address (Please specify):

Former Name and Address:

Current Name and Address:

b. Description of Any Other Changes or Amendments (including additions or deletions of aircraft, change in type of operations, registration numbers, etc.):

10. Certification

I certify that the information contained in this application is complete and accurate to the best of my knowledge. If Operating as a Commuter air carrier or in foreign air transportation or participating in an interline agreement, the carrier subscribes to Agreement 18900 (see OST Form 4523), and in accordance with that Agreement agrees that a liability limit of not less than \$75,000 shall apply under Article 22(1) of the Warsaw Convention for passenger injury or death in international transportation as defined in the Convention.

Signature:

(See note)

Date:

Name:

(Please type)

Place:

(City and State)

Title:

NOTE: This registration must be signed by a responsible officer, such as the President, Vice President, Secretary or Treasurer, or partner or owner of the carrier.

TO INSURE PROPER PROCESSING OF THIS REGISTRATION, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.