

Paper Work Reduction Act

Submission of this form is voluntary. The purpose of this collection is to capture passenger enplanement data to be used to allocate Federal funds to eligible airports. The public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response. Note: 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.

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION AIRPORT ACTIVITY SURVEY (By Selected Air Carriers)	FORM APPROVED OMB NO. 2120-0067
TWELVE-MONTH PERIOD COVERED January 1 thru December 31, 2003	FOR FAA USE ONLY
DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED ON BTS FORM 298C, SCHEDULE T-1 <div style="text-align: center; border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> SAMPLE </div> AIRWAY AIR TAXI, INC. HANSCOM AIRPORT - NORTH BEDFORD, MA 01730	Operator Identification ABCD
	Year 2003
	Month 12
	AIR TAXI/COMMERCIAL CERTIFICATE NUMBER ABCD1234
ADDRESS CORRECTION REQUESTED	Page of Pages

OPERATIONS DURING 12-MONTH PERIOD COVERED

DEPARTURE AIRPORT				ENPLANEMENTS	
CITY	STATE	AIRPORT NAME	LOCATION IDENTIFIER	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)
Bedford	MA	Laurence G. Hanscom	BED	0	403
Lewiston	ME	Auburn-Lewiston Muni	LEW	0	86
Nantucket	MA	Nantucket Memorial	ACK	0	88
Concord	NH	Concord Muni	CON	0	16
Hartford	CT	Hartford-Brainerd	HFD	0	90
Bangor	ME	Bangor Intl	BGR	0	424
Burlington	VT	Burlington Int'l	BTV	0	239
Buffalo	NY	Greater Buffalo Int'l	BUF	0	10
↑		↑	↑	↑	↑
CITY WHERE THE PASSENGERS DEPARTURE AIRPORT IS LOCATED.		PLEASE USE STANDARD FAA AIRPORT IDENTIFIERS			
USE ONE LINE FOR EACH AIRPORT WHERE PASSENGERS BOARDED FLIGHTS. CONSOLIDATE ALL ENPLANEMENTS EXECUTED IN ONE AIRPORT AND REPORT THEM AS ONE LINE RECORD.			TOTAL SCHEDULED REVENUE PASSENGERS BOARDING YOUR FLIGHTS AT EACH AIRPORT (SEE INSTRUCTIONS).		
			TOTAL CHARTER REVENUE PASSENGERS BOARDING YOUR FLIGHTS AT EACH AIRPORT (SEE INSTRUCTIONS).		

I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.

DATE	TYPED NAME AND TITLE OF PREPARING OFFICIAL	SIGNATURE
2/10/2004	John Smith, General Manager	<i>John Smith</i>