Airline Flight Notification Form

As LAX continues to develop its infrastructure, it is imperative that the Airport plans in advance for changes to flight operations that may have an impact on the capacity of the Airport's facilities both airfield and terminal, or have the potential to draw media or political attention. To aid in this planning effort, the Airline Notification form has been developed as a tool to enable air carriers and their corporate offices to make early notifications to LAX Airport Operations of new or modified plans to flight operations. The information is intended for use in the assessment of our readiness for the proposed operation and to enable us to make necessary changes to the operating environment to facilitate the operation.

Confidentiality of the information received shall be maintained within LAWA until the release is authorized by operating air carrier.

Completing the Form

Air carriers are requested to complete and submit the above form as early as possible. The form is intended to capture significant enhancement to flight schedules involving new/changed routes, change to aircraft equipment, charter operations, or seasonal operations.

In the determination of a reportable enhancement or change to flight operations, following are some criteria that may be considered:

- Adding direct service to a new city
 For example: A new city pair to/from LAX
- 2. Dropping direct service to a city
 - For example: No flight service to the city
- 3. A significant increase in <u>weekly</u> frequency of a currently operating flight For example: an increase of 200% or more particularly for international flights
- 4. A significant decrease in <u>weekly</u> frequency *For example: a decrease of 20% or more.*
- 5. Permanent or extended (more than two weeks) change in aircraft utilization especially when the aircraft are from different aircraft design groups.
 - For example: B747-400 replaced by either an A380 or B767.
- 6. An increase of aircraft based at the Airport by 100% or more.
 - For example: an increase in aircraft RON at LAX
- 7. Any other activity deemed significant by the air carrier.

If necessary, requests for confidentiality may be indicated in the 'remarks/comment' box of the above form. Information received via the notification form will be acknowledged within a week of receipt.

For further questions or clarifications please contact Terminal Landside Manager at 424-646-8251.

Page **1**Date: 9/20/12

AIRLINE FLIGHT INFORMATION NOTIFICATION	
SUBMITTED BY AIR CARRIER:	ON DATE :

CONFIDENTIAL: YES

NO

LOS ANGELES WORLD AIRPORTS

ATTN: BARRY RONDINELLA, DIRECTOR OF AIRPORT OPERATIONS

Email: brondinella@lawa.org

7333 WORLD WAY WEST, 4TH FLOOR

LOS ANGELES, CA 90045

This communication is to advise LAX Airport Response Coordination Center (ARCC) of _______proposed operations at LAX.

TERMINAL			EFFECT	EFFECTIVE DATE								
			END DA	END DATE (IF APPLICABLE)								
OPERATION CATEGORY			NEW OP	NEW OPS						CHANGED OPS		
	SUSPENI	SUSPENDED OPS										
PROPOSED CITY PAIR			DOMEST	DOMESTIC					INTERNATIONAL			
			ORIGIN	ORIGIN								
DE				DESTINATION								
INT				INTERMEDIATE POINTS								
PROPOSED EQUIPMENT			CURREN	CURRENT AIRCRAFT TYPE								
PROF				PROPOSED AIRCRAFT TYPE								
OPERATION TYPE (CHECK THE APPROPRIATE TYPE OF OPERATION)												
CHART			CHARTE	HARTER CARGO					FERRY			
SCH			SCHEDU	SCHEDULED (Passenger) SEASONAL					SINGLE USE		SINGLE USE	
OTHER				R								
PROPOSED SCHEDULE OF OPERATION (Please obtain LAWA template for ongoing flight op								light op	erations: c	all 424	1-646-5292)	
DAY/DATE	AIRCRAFT	0	RIGIN	ARR FLT		ETA	DEP FLT	ET	ETD DE		STINATION	
AIRCRAFT GROUND TIME AT LAX		(PARKING REQUESTED - GATE (ARR): - GATE (DEP):									
AIRFIELD BUS REQUIREMENTS				` ' .				RCRAFT PARKING - YES NO				
(for non-schedule Operations)			NO	SCHEDULED MEDIA RELEASE (Date) CO					ONTACT PERSON(Name/Phone/Email)			
CREW: PAX:	YES YES		NO NO	SCHEDOLED WIEDIA RELEASE (Butc)								
ADA REQUEST:	YES		NO									
EVENT PLANNING (Forms may be accessed at http://www.lawa.org/tenants411/default.aspx?id=4504)												
EVENT PLAN INVOLVED EVENT FORM SU				MITTED Point of Contact for Event: (Name/Phone/Email)								
YES NO YES NO			NO									
REMARKS/COMMENTS												

Page 2 Date: 9/20/12