



## LAX AIR SERVICE INCENTIVE PROGRAM (ASIP) APPLICATION FORM

Airline

Address

City, State, Postal Code, Country

Contact Person Name

Role

Phone

E-mail

Proposed Route (IATA Code)

Start of Service Date	End of Service (Seasonal)	Days of the week operating	Aircraft Type
Aircraft Seat Capacity	12 month period frequencies	Scheduled Arrival Time (PST)	Scheduled Departure Time (PST)
Maximum Gross Landing Weight			



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New Carrier (to LAX)*	Yes	No
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New Destination (to LAX)*	Yes	No
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Underserved Market**	Yes	No
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\*No service 12 months prior to start of new service  
\*\*Check latest ASIP Supplement

### FOR LAWA INTERNAL USE

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Evaluated by	Date	
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New Carrier (to LAX)	APPROVE	REJECT
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New Destination (to LAX)	APPROVE	REJECT
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Underserved Market	APPROVE	REJECT
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Comments
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Signed by Chief Executive Officer - LAWA	Date
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