



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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LAX AIR SERVICE INCENTIVE PROGRAM (ASIP) APPLICATION FORM

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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 |
|----------------------|-----|----|

*No service 12 months prior to start of new service
**Check latest ASIP Supplement

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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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