



Los Angeles World Airports

NON-EXCLUSIVE AIR CARRIER OPERATING PERMIT (ACOP) AIRLINE INFORMATION FORM

Business Information				
Airline Business Name (dba):			Date:	
Corporate/Legal Name:				
Contact Information				
Corporate Contact:			Title:	
Mailing Address:				
Telephone:			Fax:	
			Email:	
Local/Station Manager (if different):			Title:	
Local Address:				
Telephone:			Fax:	
			Email:	
Billing Contact:			Title:	
Billing Address:				
Telephone:			Fax:	
			Email:	
Send all Airfield Permits correspondence to: <i>(Check all that apply)</i>		<input type="checkbox"/> Corporate	<input type="checkbox"/> Station Manager	<input type="checkbox"/> Billing Contact
LAX Operational Information				
Type of Operations: <i>(Check all that apply)</i>	<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo	Start Date:	
	<input type="checkbox"/> Domestic	<input type="checkbox"/> International		
Scheduled Number of Flights:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Unscheduled			
Origination(s):				
Destination(s):				
Fleet Mix:				
Location of Operations (i.e. terminal(s)):				
<input type="checkbox"/> Leasing <input type="checkbox"/> Subleasing From:				
Service Providers:				
Ground Handler:		Into-Plane Fueling:		
Passenger Services:		Caterer: <i>(if applicable)</i>		
Security:		Other:		
Permits Office Use Only				
Date Received:	RAMS Update:	<input type="checkbox"/> CNS	<input type="checkbox"/> Agreement	
		<input type="checkbox"/> ASN		

Please attach any other relevant information related to the airline or its operations at LAX.