

U.S. DEPARTMENT OF TRANSPORTATION

BUREAU OF TRANSPORTATION STATISTICS



A-1. Air Carrier Name _____ Code: _____
A-2. Report Date (Year) _____ (Month) _____

SCHEDULE T-100(f) FOREIGN AIR CARRIER TRAFFIC DATA BY NONSTOP SEGMENT AND ON-FLIGHT MARKET

Line No.	A-3	A-4	A-5 Service Code * Mark an (x)					B-1	B-2	B-3	B-4	B-5	B-6	C-1	C-2
	Airport Code	Airport Code	F	G	L	P	Q	Aircraft Type	Revenue Aircraft	Revenue Passengers	Revenue Freight	Available Seats	Available Capacity-Payload (kg)	Total Revenue Passengers in Market	Total Revenue Freight in Market (kg)
ORIGIN	DESTINATION						Code	Departures	Transported	Transported (kg)	Seats	Payload (kg)	Passengers in Market	SUM for all AIRCRAFT TYPES	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

* Service Class Codes are:

F - Scheduled Passenger / Cargo G - Scheduled All-Cargo L - Nonscheduled Civilian Passenger / Cargo Charter P - Nonscheduled Civilian All-Cargo Charter Q - Used only if authorized by DOT

U.S. DEPARTMENT OF TRANSPORTATION
Research and Innovative Technology Administration
BUREAU OF TRANSPORTATION STATISTICS



**FOREIGN AIR CARRIER TRAFFIC DATA
BY NONSTOP SEGMENT AND ON-FLIGHT MARKET
SCHEDULE T-100(f)**

FOREIGN AIR CARRIER CERTIFICATION

Carrier Name:

Address:

Homeland: *

Carrier Code:

Report Date (Year/Month)

Completed T-100(f) forms should be submitted to:

U.S. Department of Transportation
BTS, K14, Room 4125
400 Seventh Street, SW
Washington, DC 20590-0001

I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 217. I affirm that, to the best of my knowledge and belief, this is a true, correct and complete report.

Signature:

Date:

Name (Print or Type)

Title:

Telephone Number:

Fax Number:

Name of Person Who Prepared Report:

Telephone Number:

Fax Number

* Homeland is the name of the country under the laws of which air carrier organized.

OMB NO: 2138-0040
EXPIRATION DATE: 7/31/2008

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2138-0040. Public reporting for Schedule T-100(f) Report of Traffic and Capacity, is estimated to be approximately 2 hours per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Detailed T-100 market and segment containing foreign points are withheld from public release for 6 months. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Bernie Stankus, OAI/BTS/RITA, RTS-42, 1200 New Jersey Avenue, SE, Washington, D.C. 20590 or e-mail – bernard.stankus@dot.gov.