A-2. Report Date (Year) (Month) (Month) A-2. Report Date (Year) (Month) (Month) A-2. Report Date (Year) (Month) (Month) (Month) (CHEDULE T-100(f) FOREIGN AIR CARRIER TRAFFIC DATA BY NONSTOP SEGMENT AND ON-FLIGHT MARKET Aircraft Revenue Revenue Revenue Available Total Total Total Revenue Revenue Revenue Available Capacity. Revenue Freight in Market (kg) (Right DESTINATION F G L P G Code Departures Transported Transported Transported Transported Revenue (kg) (kg) in Market (kg) (kg) (kg) (kg) (kg) (kg) (kg) (kg)	BURGLUG OF TRANSPORTATION STATISTICS A-2. Report Date (Year) (Month) TOULE T-1000() FORCIGN AIR CARRER TRAFFIC DATA BY NONSTOP SEGMENT AND ON-FLIGHT MARKET A: A-4 B-1 B-2 B-3 B-4 B-5 B-6 C-1 C-2 A: A: A-4 B-1 B-2 B-3 B-4 B-6 B-6 C-1 C-2 Code Code A-4 A-1 B-1 B-2 B-3 B-4 B-5 B-6 C-1 C-2 Code Code A-4 A-1 B-1 B-2 B-3 B-4 B-5 B-6 C-1 C-2 Code Code Market A:Craft Revenue Revenue Available Total Revenue Freight in Market (kg) Code Departures Transported Transported (kg) in Market		U.S. DE	PARTMENT OF TRAN	SPORTATI	ON											
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- Scheduled Fassengel / Cargo G - Scheduled All-Cargo L - Nonscheduled Civilian Passengel / Cargo Charter P - Nonscheduled Civilian All-Cargo Charter Q - Used only it authorized by DOT	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							
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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 count	ry under the laws of which air carrier organized.						

BTS Form 41 Certification for Schedule T-100(f)

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

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