DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION AIRPORT ACTIVITY SURVEY (By Selected Air Carriers)				FORM APPROVED OMB NO. 2120-0067 9/30/2010	
TWELVE-MONTH PERIOD COVERED January 1 through December 31, 2008				FOR FAA USE ONLY	
DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED ON BTS T-100 Form				Operator Identification	
				Year	
				Month	
				AIR TAXI/COMMERCIAL CERTIFICATE NUMBER	
ADDRESS CORRECTION REQUESTED				Page o	f Pages
OPERATIONS DURING 12-MONTH PERIOD COVERED					
DEPARTURE AIRPORT				ENPLANEMENTS	
СІТҮ	STATE	AIRPORT NAME	LOCATION IDENTIFIER	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)
I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.					
DATE TYPED NAME AND TITLE OF PREPARING OFFICIAL			SIGNATURE		

FAA Form 1800-31 (1-09)

SUPERSEDES PREVIOUS EDITION

Paperwork Reduction Act Statement: The information collected on this form is voluntary but is essential for the FAA to fairly allocate Airport Improvement Program (AIP) passenger entitlement funds, as required by Title 49 of United States Code. The burden for each response is estimated to be .5 hours. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0067. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20. The information requested on this form is voluntary, but is essential for the FAA to fairly allocate Airport Improvement Program (AIP) passenger entitlement funds to the airports you serve, as required by Title 49 of United States Code.

This survey is restricted to on demand operations that are <u>NOT reported to the Office of Airline Information</u>, <u>Bureau of Transportation Statistics (BTS)</u>, <u>Department</u> <u>of Transportation</u>.

Nonscheduled (charter) activity subject to the passenger transportation tax should be reported. Carriers not required to report to BTS because they conduct less than 5 round trips between two points should report revenue enplanements on this form.

About this form: Please notify your General Aviation District Office of any differences in your name, address or FAA Air Taxi / Commercial Operator Certificate Number from that already printed on this form. In addition, you may submit any changes with the attached form.

Type of operation: If you conducted charter operations, enter the number of Nonscheduled Enplanements in the last column. If you provide regular round trip air service between two or more airports several times per week, the flight schedule is available to the public, and the flight occurs regardless of the number of passengers onboard, enter the number of revenue passengers that boarded those flights in the Scheduled Enplanement column. If you conducted both scheduled and nonscheduled operations, enter the scheduled enplanements in the scheduled column and the nonscheduled enplanements in the nonscheduled column.

Operations: Consolidate all enplanements executed in one airport and report them as one line record. Show the data for each airport on a separate line. Give the number of scheduled, if any, and nonscheduled (charter) passengers enplaned at each airport. An enplaned passenger is a revenue passenger who boarded the flight at that airport. If the number of lines required is more than those provided on the form, please reproduce it for continued entries.

You must certify, under penalty of perjury, that the information provided in this Airport Activity Survey Form (1800-31) is true, correct and complete to the best of your knowledge, information and belief. The certification represents that your files, records, documents, and data have not been manipulated or falsified in an effort to receive a more favorable allocation of AIP funds. A false, fictitious, or fraudulent certification may be subject to criminal and/or civil prosecution, as well as appropriate administrative action.

When submitting the form with handwritten data, please make sure that the information is legible.

If you had no commercial or air taxi activity during the reporting period, please indicate this across the face of the form and return it in the self-addressed envelope provided. If there are any questions regarding the completion of this form, please contact FAA Headquarters, National Planning & Environmental Division, telephone number 202-267-8739.

Sign and date FAA Form 1800-31 in the spaces provided, and mail it to:

L-3 Services Group -EITS Attention: ACAIS 11955 Freedom Drive Suite 10000 Reston, VA 20190

Email Electronic Copies in excel format to Sharon.Glasgow@faa.gov