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	ABCD	
					Year	2008	
AIRWAY AIR TAXI, INC.					Month	12	
HANSCOM A BEDFORD, MA	IRPORT - NOR [*] A 01730	TH	SAMPLE			OMMERCIAL ATE NUMBER	
					ABCD1234		
ADDRESS CORRECTION REQUESTED OPERATIONS DURING 12-MONTH PERIOD COVERE						of 1 Pages	
DEPARTURE AIRPORT					ENPLANEMENTS		
CITY STAT		AIRPORT NAME		LOCATION IDENTIFIER	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)	
Bedford	MA	Laurence G. Hanscom		BED	0	403	
Lewiston M		Auburn-Lewiston Muni		LEW	0	86	
Nantucket	MA	Nantucket Memorial		АСК	0	88	
Concord NH		Concord Muni		CON	0	16	
Hartford	CT	Hartford-Brainerd		HFD	0	90	
Bangor	ME	Bangor Intl		BGR	0	424	
Burlington	urlington VT Burlington		nt'l	BTV	0	239	
Buffalo NY G		Greater Buffalo Int'l		BUF	0	10	
CITY WHERE DEPARTING PASSENGERS BOARDED THE AIRCRAFT			FAA AIRPO IDENTIFIER	ORT LOCATION			
NAME OF AIRPORT WHERE PASSENGERS BOARDED ANNUAL TOTAL OF SCHEDULED REVENUE							
ANNOAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)							
				ANNUAL TOTAL OF CHARTER REVENUE			
(SEE					ENGERS BOARDINGS AT EACH AIRPORT 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 S					SIGNATURE		
1/10/2009 John Smith, General Manager				John Smith			

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.