

Paper Work Reduction Act

Submission of this form is voluntary. The purpose of this collection is to capture passenger enplanement data to be used to allocate Federal funds to eligible airports. The public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response. Note: 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.

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION AIRPORT ACTIVITY SURVEY (By Selected Air Carriers)		FORM APPROVED OMB NO. 2120-0067	
TWELVE-MONTH PERIOD COVERED January 1 through December 31, 2007		FOR FAA USE ONLY	
DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED ON BTS T-100 Form <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: left;"> AIRWAY AIR TAXI, INC. HANSCOM AIRPORT - NORTH BEDFORD, MA 01730 </div> <div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE </div> </div>		Operator Identification	ABCD
		Year	2007
		Month	12
		AIR TAXI/COMMERCIAL CERTIFICATE NUMBER ABCD1234	
ADDRESS CORRECTION REQUESTED		Page 1 of 1 Pages	

OPERATIONS DURING 12-MONTH PERIOD COVERED					
DEPARTURE AIRPORT				ENPLANEMENTS	
CITY	STATE	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	ME	Auburn-Lewiston Muni	LEW	0	86
Nantucket	MA	Nantucket Memorial	ACK	0	88
Concord	NH	Concord Muni	CON	0	16
Hartford	CT	Hartford-Brainerd	HFD	0	90
Bangor	ME	Bangor Intl	BGR	0	424
Burlington	VT	Burlington Int'l	BTV	0	239
Buffalo	NY	Greater Buffalo Int'l	BUF	0	10
CITY WHERE DEPARTING PASSENGERS BOARDED THE AIRCRAFT		FAA AIRPORT LOCATION IDENTIFIER			
NAME OF AIRPORT WHERE PASSENGERS BOARDED			ANNUAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)		
ANNUAL TOTAL OF CHARTER REVENUE PASSENGERS BOARDINGS AT EACH AIRPORT (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
3/10/2008	John Smith, General Manager	John Smith