



U.S. Department of Transportation
Bureau of Transportation Statistics

STATEMENT OF OPERATIONS AND SUMMARY STATISTICS FOR SECTION 41103

Carrier _____

Year Ended December 31, _____

Operating Revenues and Expenses

Transport Revenue:

Property 1 _____

Mail 2 _____

Transport Related Revenue 3 _____

Total Operating Revenue 4 _____

Total Operating Expense 5 _____

Operating Profit or (Loss) 6 _____

Net Income or (Loss) 7 _____

I, the undersigned, (Title) _____ of the above-named air carrier certify that the above report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report for the period stated.

Date _____

Signature: _____

Name (*Please Type or Print*) _____

BTS Form 291-A