

FOREIGN AIR CARRIER TRAFFIC DATA
BY NONSTOP SEGMENT AND ON-FLIGHT MARKET
SCHEDULE T-100(f)

FOREIGN AIR CARRIER CERTIFICATION

Carrier name -----

Address -----

Carrier code -----

Report date (Year/Month) -----

I, the undersigned,

Title -----

Signature ----- Date -----

Print or type name -----

do certify that this report has been prepared under my direction
in accordance with the regulations in 14 CFR Part 217 and 241.
I affirm that, to the best of my knowledge and belief, this is
a true, correct and complete report.