

MEMPHIS INTERNATIONAL AIRPORT
AIR SERVICE INCENTIVE PROGRAM
APPLICATION AND NOTICE OF INTENT

SECTION 1: CARRIER INFORMATION

1.1 Carrier Legal Name:

1.2 Carrier DBA/ Trade Name (if different):

1.3 IATA Code: **ICAO Code:**

1.4 DOT Certificate Number:

1.5 Carrier Type (check one):

- ☐ New Entrant Carrier (no service at MEM in past 24 months)
☐ Incumbent Carrier (currently operating at MEM)

1.6 Operating Certificate Type (check one):

- ☐ Part 121 Air Carrier
☐ Part 129 Foreign Air Carrier
☐ Other:

1.7 Primary Contact Information:

- **Name:**
- **Title:**
- **Phone:**
- **Email:**
- **Mailing Address:**

1.8 Secondary Contact Information:

- **Name:**
- **Title:**
- **Phone:**
- **Email:**
- **Mailing Address:**

SECTION 2: PROPOSED SERVICE DETAILS

2.1 Route Information:

- **Origin:** Memphis International Airport (MEM)
- **Destination Airport Code:**
- **Destination Airport Name:**
- **Destination City, State/Country:**

2.2 Market Category (check one):

- ☐ Currently Served Domestic Market (New Entrant only)
- ☐ Domestic Unserved Target Market (SEA, SAN, SFO, IAD)
- ☐ Domestic Unserved Market (Other)
- ☐ Short Haul International Unserved Market
- ☐ Transatlantic Unserved International Market

2.3 Service Type (check one):

- ☐ Year-Round Service (7+ months per year)
- ☐ Seasonal Service (< 7 months per year)
 - If seasonal, specify months of operation:

2.4 Planned Service Commencement Date:

2.5 Initial Service Frequency (check one):

- ☐ 5X+ Weekly (5 or more roundtrips per week)
- ☐ 2-4X Weekly (2-4 roundtrips per week)

Specify exact number of weekly roundtrips:

2.6 Schedule Details: [Provide proposed schedule include days of week, departure/arrival times]

SECTION 3: OPERATIONAL DETAILS

3.1 Aircraft Information:

- **Primary Aircraft Type:**
- **Total Seat Count:**
- **Seat Configuration (optional):** F J/C Y
(*F = First, J/C = Business/Premium Economy, Y = Economy*)
- **Alternate Aircraft Type (if applicable):**

3.2 Ground Operations:

- **Remain Overnight (RON) Required:** ☐ Yes ☐ No
- **If Yes, number of RON positions needed:**
- **Special Requirements:**

3.3 Ground Handling:

- **Ground Handler:** ☐ Self Handled ☐ Third Party:
- **Other Service Requirements:**

3.4 Customs/Immigration (International Only):

- **Federal Inspection Service Required:** ☐ Yes ☐ No
- **Estimated Processing Time Needed:** minutes

SECTION 4: PERFORMANCE PROJECTIONS

4.1 Passenger Projections (First 12 Months):

- **Year 1 Enplanements:**
- **Year 1 Load Factor Target:** %
- **Average Fare Estimate:** \$

4.2 Cargo Operations (if applicable):

- **Belly Cargo Capacity:** ☐ Yes ☐ No
- **Estimated Annual Cargo (lbs.):**

4.3 Economic Impact (Optional):

- **Estimated Annual Economic Impact:** \$
- **Estimated Jobs Created/Supported:**
- **Other community benefits:**

SECTION 5: INCENTIVE REQUEST

5.1 Fee Waiver Request: Based on the proposed service category, I request fee waivers for:

- **Duration:** months
- **Weeks of Operation per Year:** weeks
- **Total Annual Operations:** *(Number of weekly roundtrips X 2 X weeks of operation)*

5.2 Marketing Support Request: Based on the proposed service frequency and category:

- **Year 1 Amount:** \$
- **Year 2 Amount (if applicable):** \$
- **Total Marketing Support Requested:** \$

5.3 Marketing Plan Summary: [Provide brief overview of planned marketing activities]

SECTION 6: REQUIRED DOCUMENTATION

Required Documents:

- ☐ Certificate of Insurance (General liability minimum \$100M; Auto liability \$10M)*
- ☐ DOT/FAA Operating Certificate
- ☐ Preliminary marketing plan
- ☐ [INTERNATIONAL ONLY] Evidence of route authorization

Optional Supporting Documents:

- ☐ Financial Statements (most recent audited)
- ☐ Route feasibility analysis or business case
- ☐ Letters of community support

*Insurance requirements are estimates. Final requirements will be specified in the Operating Agreement and Incentive Agreement.

SECTION 7: CERTIFICATIONS AND ATTESTATIONS

By signing below, I certify that:

1. All information provided in this application is true, accurate, and complete to the best of my knowledge.
2. The air carrier meets all eligibility requirements as outlined in the MEM Air Service Incentive Program.
3. The air carrier will maintain minimum service requirements of at least two (2) roundtrip flights per week and at least 80% of committed monthly frequencies throughout the incentive period.
4. The air carrier understands that failure to meet minimum service requirements may result in immediate termination of all future incentives.
5. The air carrier will comply with all applicable federal, state, and local laws and regulations, including but not limited to 14 CFR Parts 121/129 and FAA grant assurances.
6. The air carrier acknowledges that this Notice of Intent does not constitute a binding agreement and that incentives are subject to execution of a formal Incentive Agreement approved by MSCAA.
7. The air carrier agrees to provide monthly performance reports and other documentation as required by MSCAA.
8. The air carrier has the legal authority to operate the proposed service and maintains all necessary insurance coverage.
9. [INTERNATIONAL ONLY] The air carrier possesses or will obtain all necessary route authorities prior to service commencement.

Authorized Signature:

Printed Name:

Title:

Date:

SECTION 8: SUBMISSION INFORMATION

Submit completed application within 60 days of public service announcement to:

Email (Preferred): airservice@flymemphis.com

Mail:

Director of Properties
Memphis Shelby County Airport Authority
2491 Winchester Road, Suite 113
Memphis, TN 38116

For questions, contact:

Phone: 901-922-8000

Email: airservice@flymemphis.com

INTERNAL USE ONLY

Date Received:

Received By:

Application Number: MEM_ASIP_

Internal Review Date:

Status: ☐ Complete ☐ Incomplete – Missing: