

K-46  
AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 25 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Office of Aviation Analysis, X-57, 400 7<sup>th</sup> Street, SW, Washington, DC 20590.

PAPER WORK REDUCTION ACT OF 1995

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number is displayed in the upper right-hand corner of this form.



For DOT Use Only - PC No. 06-017 Waiver No. \_\_\_\_\_

U.S. Department of Transportation

Office of the Secretary of Transportation

STATEMENT OF CHARTER OPERATOR AND DIRECT AIR CARRIER  
FLIGHT SCHEDULE NUMBER PLAY-02

INSTRUCTIONS: Submit this form *in duplicate* to Department of Transportation, Special Authorities Division, X-57, Office of Aviation Analysis, 400 7<sup>th</sup> Street, S.W., Washington, D.C. 20590. Date of filing for purposes of DOT regulations is the date property completed forms are received by DOT.

1a. Name (and DBA, if applicable) and Mailing Address of Charter Operator:

~~\_\_\_\_\_ Inc.~~  
1735 the exchange  
suite 300  
Atlanta, ga 30339

1b. Telephone Number ( ) 770-916-0303  
Fax Number( ) 770-916-0666

This filing has been assigned number  
PC 06-017 and will be reviewed by  
Reatha C. Hennings  
Any future correspondence concerning this  
filing should be addressed to this person  
and should refer to the PC number.

2a. Name (and DBA, if applicable) and Mailing Address of Direct Air Carrier:

~~\_\_\_\_\_~~ d/b/a Pan Am Clipper Connection  
14 Aviation Ave  
Portsmouth, NH 03801

This filing was received by DOT on  
1/20/06 Unless the charterer is  
otherwise notified, advertising of the  
program may begin on 1/20/06.

2b. Telephone Number ( ) 603-766-2032  
Fax Number ( ) 603-766-2055



Special Authorities Division, X-57  
Office of Aviation Analysis  
Department of Transportation  
Accepted by Waiver No. \_\_\_\_\_

3. Proposed date and routing of each flight: (use additional pages, if necessary)

1/25/06 SFB-TRI-TYS-NAS-SFB  
1/29/06 SFB-NAS-TRI-TYS-SFB

Total Trips = 1

SFB: Orlando, FL  
TRI: Tri-City, TN  
TYS: Knoxville, TN  
NAS: Nassau, Bahamas

4. Type of aircraft and number of seats engaged:

727-200 141 seats

5. Charter price for each flight:\*

\$ N/A

6. Tour itinerary (if any) including hotels (names and length of stay at each), and other accommodations and services:

N/A

\*If confidentiality is desired, please state charter price in separate correspondence.

(Cont'd)

We, Aviation Advantage, inc  
(Charter Operator)

and Boston Maine Airways Corp  
(Direct Air Carrier)

certify that we have entered into a charter contract on January 19, 2006 that covers the  
(Date)

flight schedule described above. The contract complies with all applicable DOT regulations.

7. A copy of the flight schedule has been sent to (complete applicable blanks and write "N.A." in those not applicable):

National City bank of the Midwest  
(Charter Operator's Securer)

National City bank of the Midwest

(Charter Operator's Depository Bank)

N/A

(Direct Carrier's Securer)

Valley National Bank

(Direct Carrier's Depository Bank)

8. Applicant is a U.S. Public Charter Operator as defined in Section 380.2 of the Department's regulations:  
[Signature] Kent Elsbree President  
(Signature of Officer) (Name in print) (Title)

9. **CHARTER OPERATOR**  
By: [Signature]  
(Signature)  
Kent Elsbree  
(Name in print)  
President  
(Title)  
770-916-0303 / 770-916-0666  
(Phone Number) (Fax Number)  
1755 the exchange Suite 300  
(Street, Box Number)  
Atlanta, GA 30339  
(City, State, Zip Code)  
1-19-06  
(Date)\*\*

**DIRECT AIR CARRIER**  
By: [Signature]  
(Signature)  
GORDON LONG  
(Name in print)  
VP OPS  
(Title)  
603-766-2032 / 603-766-2055  
(Phone Number) (Fax Number)  
14 Aviation Ave  
(Street, Box Number)  
Portsmouth, NH 03801  
(City, State, Zip Code)  
1-19-06  
(Date)\*\*

\*\* This document is not acceptable if not dated