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For DOT Use Only - PC No. 08-011 Waiver No. _____



U.S. Department of Transportation
Office of the Secretary of Transportation

**STATEMENT OF CHARTER OPERATOR AN DIRECT AIR CARRIER
FLIGHT SCHEDULE NUMBER 08-001**

INSTRUCTIONS: Submit this form in duplicate to U.S. Department of Transportation, Special Authorities Division, X-57, Office of Aviation Analysis, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

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

Sharon Travel & Tours
Marginal A 1, Ext. Forest Hills
Bayamon, Puerto Rico 00959

1b. Telephone Number (787) 787-6635

Fax Number (787) 999-0829

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

Sky King, Inc.
3600 Power Inn Road Suite H
Sacramento California, 95826

2b. Telephone Number 916-454-2400

Fax Number 916-737-8960

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

See attached schedule

4. Type of aircraft and number of seats engaged:

B-737 120 PASSENGERS

5. Charter price of each flight:*

\$ CONFIDENTIAL

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.

This filing has been assigned number PC 08-011 and will be reviewed by

Any future correspondence concerning this filing should be addressed to this person and should refer to the PC number.

This filing was received by DOT on 1/22/08. Unless the charterer is otherwise notified, advertising of the program may begin on 1/23/08.

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

182 flights

08 JAN 23 11:03

We, Sharon Travel & TOURS Corp.
(Charter Operator)

and Sky King
(Direct Air Carrier)

certify that we have entered into a charter contract on Nov 13, 2007
(Date) that covers the

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):

UNIVERSAL INSURANCE COMPANY
(Charter Operator's Securer)

NATIONAL CITY BANK
(Charter Operator's Depository Bank)

N/A
(Direct Carrier's Securer)

N/A
(Direct Carrier's Depository Bank)

08 JAN 20 06 14:05

8. Applicant is a U.S. Public Charter Operator as defined in Section 380.2 of the Department's regulations:

[Signature]
(Signature of Officer)

Jose Rodriguez
(Name in print)

Corp. Secretary
(Title)

9.

CHARTER OPERATOR

DIRECT AIR CARRIER

BY: [Signature]
(Signature)

BY: Wannay Looney
(Signature)

Jose Rodriguez
(Name in print)

DANNY LOONEY
(Name in print)

Corporate Secretary
(Title)

DIRECTOR OF OPS
(Title)

187-787-6635, 187-999-0829
(Phone Number) (Fax Number)

916-454-2400, 916-737-8960
(Phone Number) (Fax Number)

Marginal A1, Ext. Forest Hills
(Street, Box Number)

3600 Power Inn Rd
(Street, Box Number)

Bayamon P.R 00959
(City, State, Zip Code)

SACRAMENTO, CA 95826
(City, State, Zip Code)

Nov 13, 2007
(Date)**

11-13-2007
(Date)**