



AIR SERVICE DEVELOPMENT INCENTIVE PROGRAM

AIR CARRIER:

Date :

OFFICIAL MAILING ADDRESS (include City, State and Zip Code):

CONTACT NAME AND TITLE

CONTACT NUMBER:

EMAIL ADDRESS:

ORIGIN OF FLIGHT FOR INCENTIVE:

CHECK ALL APPLICABLE:

Incentive Program

NEW ORIGIN/ NEW AIRLINE

Short Haul (< than 6 hours)

Long Haul (>than 6 hours)

**Effective
Date**

**Aircraft Type and
Series**

**Aircraft Seating
Capacity**

**Days/Times of
Operation**

**Flight Number and Duration
(Ex. Jan 1, 2026- Dec. 31, 2026)**

Oher Applicable Information :

PRINT NAME

TITLE

AUTHORIZED SIGNATURE

DATE

Applications may be submitted to: official@guamairport.net
or by mail to: P.O. Box 8770, Tamuning, Guam 96931

THANK YOU FOR YOUR INFORMATION