FORM 330 (Final)
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| NAME, ADDRESS AND TELEPHONE NUMBER OF AIR CARRIER | |
|---|---|

Compensation payments will be made via Electronic Funds Transfer. The Department of Transportation can process this type of payment only if air carrier applicants submit the following banking information with their request:

| | |
|---|---|
| Air Carrier Bank Routing Number | _ _ _ _ _ _ _ _ _ (9 positions) |
| Air Carrier Bank Account Number | |
| Name on Account | |
| Type of Account (*e.g.*, checking, savings) | |
| Taxpayer ID Number | |

I CERTIFY THAT THE INFORMATION ON FORM 330 (FINAL) AND THE MONTHLY PROFIT AND LOSS STATEMENTS SUBMITED AS PART OF THE APPLICATION ARE TRUE AND ACCURATE UNDER PENALTY OF LAW. FALSIFICATION OF A CLAIM FOR COMPENSATION/PAYMENTS UNDER PUB. L. 107-42 MAY RESULT IN CRIMINAL PROSECUTION RESULTING IN FINE AND/OR IMPRISONMENT.

_____ _____
CERTIFYING OFFICER DATE
**(CEO, CFO or COO)**

Print Name_____ Telephone Number _____

Title: _____

APPENDIX B TO PART 330 [RESERVED]