OMB Approved No. 1505-0263

PAYROLL SUPPORT PROGRAM EXTENSION (PSP2) APPLICATION FORM

for Passenger Air Carriers and Contractors who participated in PSP1 and provided Taxpayer Protection Instruments

The definitions of the terms contained in this application appear in Division N, Title IV, Subtitle A of the Consolidated Appropriations Act, 2021 (the PSP Extension Law) and in the Guidelines and Application Procedures for Payroll Support to Passenger Air Carriers and Contractors dated December 29, 2020 (the Guidelines). A separate application form should be submitted for each eligible affiliate that is applying for PSP2.

APPLICANT INFORMATION

Applicant Name	
Applicant's Taxpayer ID Number	
Applicant's DUNS Number	
Applicant's Address	
First Contact Person Name	
First Contact Person Title	
First Contact Person Phone	
First Contact Person E-mail	
Second Contact Person Name	
Second Contact Person Title	
Second Contact Person Phone	
Second Contact Person E-mail	

APPLICANT TYPE

Type of applicant (choose one):

	Passenger Carrier		Contractor

FINANCIAL INSTITUTION INFORMATION

Please provide financial institution information for receiving your payments. *Accounts must be capable of receiving a wire transfer*.

Routing Transit Number	
Account Number	
Financial Institution Name	
Financial Institution Address	
Financial Institution Telephone Number	

EMPLOYMENT LEVELS

Identify the annual average number of U.S. employees active and on payroll for the applicant in 2019, and the number of U.S. employees active and on payroll as of March 27, 2020, as of October 1, 2020, and as of the date of application submission.

Average Number of Employees Active and on Payroll in 2019	
Number of Employees Active and on Payroll as of March 27, 2020	
Number of Employees Active and on Payroll as of September 30, 2020	
Number of Employees Active and on Payroll as of Date of Application	

Identify the number of U.S. employees the applicant has involuntarily furloughed, laid off, or subjected to other involuntary employee reductions after March 27, 2020, September 30, 2020, and December 1, 2020.

Involuntary Reductions after March 27, 2020	
Involuntary Reductions after September 30, 2020	
Involuntary Reductions after December 1, 2020	

AWARDABLE AMOUNTS

The maximum potential amount of payroll support that will be awardable to an approved applicant is provided under Section 403 of the PSP Extension Law, as determined by the Secretary of the Treasury in his sole discretion (Awardable Amount).

For passenger air carriers that were required to report salaries and benefits to the U.S. Department of Transportation (DOT) under 14 CFR part 241, as of March 27, 2020, and

received financial assistance under the Payroll Support Program pursuant to the CARES Act (PSP1), elect whether the Awardable Amount will be based on:

1) the amount the applicant was approved to receive (without taking into account any pro rata reduction) under PSP1; or
2) the amount of salaries and benefits reported to DOT under 14 CFR part 241 for the period from October 1, 2019, to March 31, 2020:

	The amount the applicant was approved to receive (without taking into account any pro rata reduction) under PSP1		The amount of salaries and benefits reported to DOT under 14 CFR part 241 for the period from October 1, 2020

For contractors that received financial assistance under the PSP1 pursuant to the CARES Act, the Awardable Amount will be based on the amount that the applicant was approved to receive (without taking into account any pro rata reduction) under the PSP1 pursuant to the CARES Act.

CERTIFICATIONS

I certify under penalty of perjury that the information and certifications provided in the application and its attachments are true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001; 31 U.S.C. §3729, 3802).

Name of Certifying Official	
Title of Certifying Official	
Signature of Certifying Official	
Applicant Name	
Date	

Name of Second Certifying Official	
Title of Second Certifying Official	
Signature of Second Certifying Official	
Applicant Name	
Date	