

## FLY AMERICA ACT WAIVER CHECKLIST

(To assist in determining qualification for a waiver of the restrictions of the Fly America Act under 41 CFR Part 301-10, check the applicable statement(s) below.)

- Use of foreign air carrier is a matter of necessity because of: *(Must check one below)*
- U.S. flag air carrier cannot provide the air transportation needed e.g.
- Use of foreign air carrier is necessary for medical reasons.
  - Use of foreign air carrier is required to avoid unreasonable risk to traveler's safety. *(see 41 CFR 301-10.138(b)(2) for supporting evidence needed)*
  - Seat on U.S. air carrier in authorized class of service is unavailable, seat on foreign air carrier in authorized class of service is available.
  - Other - (Provide detailed justification.)
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- Bilateral or multilateral air transportation agreement. U.S. is a party and Dept. of Transportation determines agreement meets requirements of Fly America Act. (Open Skies Agreement)
- No U.S. flag air carrier provides service on a particular leg of your route *(can only use foreign air carrier to or from nearest interchange point to connect with a U.S. carrier.)*
- A U.S. flag air carrier involuntarily reroutes traveler on a foreign air carrier.
- Service on a foreign air carrier is three hours or less, and use of U.S. flag air carrier doubles en route travel time.
- Air travel is between the U.S. and another country and use of a U.S. carrier on a nonstop flight extends travel time by 24 hours or more.
- Any other air travel. *(You must check at least one of the following statements to qualify for a waiver of the Fly America Act restrictions in this section)*
- Use of a U.S. carrier increases the number of aircraft changes outside the U.S. by 2 or more.
  - Use of a U.S. carrier extends travel time by 6 hours or more.
  - Use of a U.S. carrier requires a connecting time of four hours or more at an overseas interchange point.

Remember, **you must use a U.S. flag air carrier on every portion of the route where it provides service** unless you qualify for a waiver. Please forward completed form to Sponsored Program Accounting representative.

Name of Traveler

Form completed by:

Project Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date