

FLY AMERICA ACT WAIVER REQUEST

(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 statements(s) below.)

- Use of foreign air carrier is a matter of necessity because of: (Must check one below and include documentation with form.)
- 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.)
 - An Open Skies Agreement Exception applies, and traveler has confirmed the Open Skies Agreement has not been nullified by the existence of a City-Pair Agreement. (<http://apps.fss.gsa.gov/citypairs/search/>)
 - No U.S. flag air carrier provides service on a particular leg of your route (Travelers 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 two (2) or more.
 - Use of a U.S. carrier extends travel time by six (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 Office of Sponsored Programs Cost Accounting Unit representative at osp-cost@uidaho.edu.

Name of Traveler:

Form Completed by:

Grant Number(s):

Travel Dates/Location:

Foreign Carrier(s) Used

Traveler Signature

Date