According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it deplays a valid OMB control number. The OMB control number for this information collection is \_\_\_\_\_\_.

**Warning:** It is a Federal crime to make materially false, fictitious, or fraudulent statements, entries, or representations knowingly and willfully on this form to secure disability accommodations provided under regulations of the United States Department of Transportation (18 U.S.C. § 1001).



## United States Department of Transportation Service Animal Relief Attestation Form

Service Animal Handler's Name		Phone:	
Service Animal User's Na	me (if different Handler):	Phone:	
Email:			
Animal's Name: Estimated Flight Length			
Flight Date:	Departure Airport:	Arrival Airport:	
Check one or both boxes:			
[Insert Animal's Name]	will not need to relieve its	elf while on the aircraft.	
[Insert Animal's Name]	can relieve itself on the a	aircraft without creating a health/sanitation issue.	
health/sanitation is	ssue (e.g., the use of a dog diaper		
	[Insert Animal's Name]	nage, then the airline may charge me for the cost to ssengers without disabilities to repair the same kind	
best of my knowle		rtment of Transportation. My answers are true to the ngly make false statements on this document, I can	

Signature of the handler: \_\_\_\_\_ Date: \_\_\_\_\_