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 displays a valid OMB control number. The estimated burden to complete this form is 15 minutes. The OMB control number for this information collection is 2105-0576. The authority for the collection expires on December 31, 2023.

**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 Nar	me (if different Handler):	Phone:		
Email:				
		Estimated Flight Length:		
Flight Date:	Departure Airport:	Arrival Airport:		
Check one or both boxes:				
	will not need to relieve it			
[Insert Animal's Name]	can relieve itself on the	aircraft without creating a health/sa	anitation issue.	
Describe how	will refrain from sert Animal's Name will refrain from sert (e.g., the use of a dog diape	m relieving itself, or relieve itself withour):	out posing a	
	[Insert Animal's Name]	amage, then the airline may charge me a		
best of my knowle		eartment of Transportation. My answer vingly make false statements on this do		
Signature of the handler: _		Date:		