

SUPPORT ANIMAL AUTHORIZATION

SUPPORT ANIMAL POLICY: The Department of Transportation (DOT) mandates requirements for the carriage of service animals. National requires a qualified passenger traveling with a psychiatric/therapeutic/emotional support animal to provide documentation from their medical/mental health professional.

1. Form expires one (1) year after the signature date of the licensed medical/mental health professional.
2. Additional validation could be requested for travel in or out of an international airport.
3. Service animals must be properly harnessed for the duration of the flight. Small animals can be in the passenger's lap during flight. If a carrier is used, it must meet USDA guidelines and fit under the seat.

INSTRUCTIONS

Health Professional:	Please complete this form or provide the passenger with a written statement containing the information on this form on your professional letterhead.
Passenger:	Send a form or written statement to National Airlines email (reservations@nationalairlines.com) 48 hours prior to travel for documentation verification from your health care professional. Retain the original form or your medical/mental health professional statement in your possession while traveling. Please be prepared to present it to airline representatives.
Customer Service:	Complete the Special Service Record (SSR) in the Passenger Name Reservation (PNR) with ESAN APPROVED or NOT APPROVED and your name.
Airport Agent:	Verify the passengers' documentation and SSR information in the PNR. Verify the animal meets guidelines (i.e., behavior) to travel in the passenger cabin.

NOTE: *The animal used to assist a qualified Individual with a disability must be trained to behave appropriately in a public setting. Animals determined not to behave may be denied boarding.*

THE FOLLOWING MUST BE COMPLETED BY A MEDICAL/MENTAL HEALTH PROFESSIONAL

Medical/Mental health professional's license information – please print legibly

Initial next to applicable statements:

License Type: _____	Date issued: _____	The passenger is under my professional care.
License Number: _____		I certify the passenger has a mental health-related disability listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV).
State/jurisdiction issued: _____		
Passenger/Patient Name: _____		Having the animal accompany the passenger is necessary to the passenger's mental health or treatment.
Animal Type/Breed: _____	Weight: _____	
Your Name: _____		I am a licensed medical/mental health professional treating the passenger's mental or emotional disability.
Signature: _____	Date: _____	

Last Updated October 22, 2015