HA 020 | REQUEST FOR UNACCOMPANIED MINOR



PRINT NAME AS SHOWN IN THE RESERVATION

T KINT NAME AS SHOW	IN IN THE RESERVATION	-				
Name		Age:				
Last Fir: Name		First	First		ĺ	Record Locator
Last		First	First			Record Locator
Name	Last	First		Age:		Record Locator
	clude All Connecting F	1		-	I.	
Flight Number	Date	From		То	Se	eat Number
	+	+				
D 'lele Destesled	 	CITY			_	
Print Responsible Party Information - DEPARTING CITY Print Responsible Party Name (First and Last name):						
Print Responsible Party		ie).				
Telephone Number(s) (I						
		V				
	ormation - ARRIVAL CIT					
Print Responsible Party Name (First and Last name) (Primary): Print Responsible Party's Physical Address:						
Telephone Number(s) (Including area code):						
	nded to provide inform	nation for a second respo	nsible party i	n the event the prima	ary respon	sible party is unable to pick
	Name (First and Last nam	ue) (Secondary):				
Print Responsible Party's Physical Address:						
Telephone Number(s) (I						
DECLARATION						
and have arranged for the pe whatever action they conside the minor(s) from Hawaiian Ai I certify that the minor(s) is/ar minor(s) and certify that the in Carriage, including all applicat	rson(s) named above to be at the necessary to ensure the minor irlines' custody. I agree that I will be in possession of all travel doc formation provided is accurate.	ne airport at the scheduled time of s health and safety. In the event that be responsible for any expenses inc uments (passports, visa, health cer I acknowledge that the unaccompan h Hawaiian Airlines tariffs and the Wa	arrival of the fligh it Hawaiian Airlines curred by the mino tifi cate, etc.) requ nied carriage of the	t. Should the minor(s) not be returns the minor(s) to the a r(s). iired by the applicable laws. e minor(s) is/are subject to the	e met as stated irport of depart I agree to and e terms and cor	in at the airport until the flight has departed below, I authorize Hawaiian Airlines to take ture, I agree that I will be available to pick up request the unaccompanied carriage of the nditions of the Hawaiian Airlines' Contract of he right to refuse transportation if no proof of
DEPARTURE						
Departure City Responsible Party (Print Name): Date:						
Departure City Responsible Pa	rty (Signature):					
ARRIVAL CITY (Photo	ID Required)					
Identification Verified By (Hawaiian Airlines Employee Name/Employee ID):			Date:	Date:		
Arrival City Responsible Party (Print Name):			Arrival City Responsible Party (Signature):			
HA USE ONLY						
☐Unaccompanied Minor Service			☐Age Requirements Met (UMNR)			
☐Special Services Verified and SSRs updated			☐ Pick-Up/Drop-Off Information in PNI Matches HA O20			
☐Kid's Pack MSR/E	MD#:					
Origin Airport Agent (Print Name and Employee Number)			Origin Flight Attendant (Print Name and Employee Number)			
Connecting Airport Agent (Print Name and Employee Number)			Connecting Flight A	ttendant (Print Name and Employ	vee Number)	
Destination Airport Agent (Print Nan	ne and Employee Number)					

**Terminating station must keep on file for 3 months. (04/17)