

Instructions – use this form to request a Hub Facility exemption. Email the completed form and supplemental documents to the Wisconsin Department of Revenue (DOR) Manufacturing & Utility Bureau Director’s Office at utility@wisconsin.gov. For more information on Hub Facilities, review state law ([sec. 70.11\(42\), Wis. Stats.](#)).

Questions? – if you have questions on filing this form, contact the Manufacturing & Utility Bureau Director’s Office at utility@wisconsin.gov.

Section 1: Company / Contact Information				
Company name			Contact name / title	
Mailing address			Phone () -	Fax () -
City	State	Zip	Email	
Section 2: Preparer Information				
Preparer name / title			Company name	
Mailing address			Phone () -	Fax () -
City	State	Zip	Email	
Section 3: Hub Facility Description				
<p>Hub Types: <i>(check the one that applies)</i></p> <p><input type="checkbox"/> 70.11(42)(a)2.a. – A facility at an airport from which an air carrier company operated at least 45 common carrier departing flights each weekday in the prior year and from which it transported passengers to at least 15 nonstop destinations, as defined by rule by the department of revenue, or transported cargo to nonstop destinations, as defined by rule by the department of revenue.</p> <p><input type="checkbox"/> 70.11(42)(a)2.b. – An airport or any combination of airports in this state from which an air carrier company cumulatively operated at least 20 common carrier departing flights each weekday in the prior year, if the air carrier company’s headquarters, as defined by rule by the department of revenue, is in this state.</p>				
Section 4: Required Documents				
<p>You must submit the following documents with this form:</p> <ul style="list-style-type: none"> Flight schedules Weekday departure counts from the Wisconsin airport claimed as a hub Proof company headquarters is located in Wisconsin <p><input type="checkbox"/> Other _____</p>				
Section 5: Preparer Signature Statement				
<p><i>I, the undersigned, declare under penalties of law that I have personally examined this form and supplemental documents. To the best of my knowledge and belief they are true, correct and complete.</i></p>				
Preparer Sign Here ▶	Name <i>(please print)</i>			
	Signature			
	Company or title			Date - -