



**LANDING PERMIT REQUEST FORM
(Non-Schedule)**

Operator		
Mailing / Billing Address		
Type of Aircraft / MTOW		
Aircraft Registration Number		
Aircraft Call Sign (ICAO)		
Date(s) of Flight		
Itinerary on schedule		
Route to be followed		
Purpose of flight (if passenger, list names and nationality or if cargo/freight, to declare of cargo/freight)		
Consignee/Consignor or Charterer		
Local Sponsor	Mailing address	
	Telephone	
	Fax	
	eMail	
	AFTN, if available	
Any other information		

* *Separate sheet(s) for any field in further detail acceptable.*

Name/Designation of person dispatched: