



**OVERFLY 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 (passenger or cargo/freight, if cargo/ freight to declare of cargo/freight)		
Consignee/Consignor or Charterer		
Contact person, in case to reply or query	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: