



INSTITUTO NACIONAL DE AVIAÇÃO CIVIL

REQUEST FOR AUTHORIZATION OF NON-SCHEDULED
COMMERCIAL FLIGHT

Address.....: Rua B, Edifício 4
Aeroporto de Lisboa
1740-034 LISBOA

Telephone...: + 351 21 842 35 00
Fax.....: + 351 21 842 3582
E-mail.....: dre.am@inac.pt
AFTN.....: LPPTYAYT

*I, the undersigned, hereby request authorization for the following
flight(s) and certify that all information given on this form is sincere
and exact.*

Date:...../...../.....
Carrier's reference:.....
Signature:.....
Function:.....

1. CARRIER

Name:.....				
Address:.....				
Tel. Nr.....	Fax Nr.....	E-mail.....	AFTN.....	

2. AIRCRAFT OWNER (If other than CARRIER)

Name:.....
Address:.....

3. CHARTERER(S)

State for each Charterer	Represented in Portugal by/Associated in Portugal with: (delegate as appropriate)
Name:..... Address:.....	Name:..... Address:.....
Name:..... Address:.....	Name:..... Address:.....
Name:..... Address:.....	Name:..... Address:.....
Name:..... Address:.....	Name:..... Address:.....

4. AIRCRAFT

Type:.....
Version:.....
Registration-Mark:.....
Aircraft operator if other than Carrier:.....

5. ORGANIZATION REPRESENTING CARRIER IN PORTUGAL

Name:.....	
Address:.....	
Telephone Nr.:.....	Fax Nr.:.....
E-mail:.....	
Handling made by:.....	

