



INSTITUTO NACIONAL DE AVIAÇÃO CIVIL

REQUEST FOR AUTHORIZATION OF 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. AIRCRAFT

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

4. ORGANIZATION REPRESENTING CARRIER IN PORTUGAL

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

5. DETAILS OF THE FLIGHT(s) AND TIMETABLE (Times GMT)

Frequency	Day of operation	Flight Number	Route	ETA	ETD	ACFT	Capacity	Reg. Mark
Remarks (e.g. code-share; blocked-space, etc.):.....								
.....								



6. NATURE AND PAYLOAD FOR CARGO

Points of loading and unloading	Nature	Payload (KG)

12. FURTHER REQUIREMENTS AND DOCUMENTS

For any further details and documents to be attached to the present form consul AIP-Portugal. Additional information may occasionally be required.