



INSTITUTO NACIONAL DE AVIAÇÃO CIVIL

REQUEST FOR AUTHORIZATION OF OVERFLIGHT  
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](mailto: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	ACFT	Capacity	Reg. Mark
Remarks:.....						



6. NUMBER OF PASSENGERS

Points of embarkation and disembarkation	Number of passengers

7. NATURE AND PAYLOAD FOR CARGO

Points of loading and unloading	Nature	Payload (KG )

8. 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.