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PRIOR PERMISSION REQUEST

Business-Airport EDQG

1. Airline / Owner of Aircraft:

_____

Adress: _____ Phone: _____

Email: _____ Fax: _____

Date: _____ Name: _____ Signature: _____

2. Flight:

Date of Flight: _____ Arrival (UTC): _____ Depature (UTC): _____

Depature Aerodrome (ICAO): _____ Destination Aerodrome (ICAO): _____EDQG_____

Date of Flight: _____ Arrival (UTC): _____ Depature (UTC): _____

Depature Aerodrome (ICAO): _____EDQG_____ Destination Aerodrome (ICAO): _____ _____

3. Aircraft:

Type: _____ Registration: _____ Callsign: _____ MTOW: _____

	Last Name:	First Name:	Nationality:	Passport No.:
4. Crew:				
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
5. Passengers:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

6. Fuel request:

JET A 1:	O Yes	O No
AVGAS:	O Yes	O No

7. Remarks:

_____

_____

_____

8. APPROVED EDQG: O Yes O No Signature EDQG: _____