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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: _____

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

5. Passengers:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Fuel request: JET A 1: Yes No
AVGAS: Yes No

7. Remarks:

8. APPROVED EDQG: Yes No Signature EDQG: _____