



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.....	Fax Nr.....	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:.....	



6. CATEGORY OF FLIGHT(s) – mark with “X”

a) Humanitarian or Emergency.....	<input type="checkbox"/>	h) Advance booking charter.....	<input type="checkbox"/>
b) Taxi-class passenger.....	<input type="checkbox"/>	i) Special event charter.....	<input type="checkbox"/>
c) Own use.....	<input type="checkbox"/>	j) Migrant worker charter.....	<input type="checkbox"/>
d) Single entity.....	<input type="checkbox"/>	k) Cargo charter.....	<input type="checkbox"/>
e) Affinity charter.....	<input type="checkbox"/>	l) Other (describe below).....	<input type="checkbox"/>
f) Student charter.....	<input type="checkbox"/>		
g) Inclusive tour charter.....	<input type="checkbox"/>		

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

Frequency	Day of operation	Flight Number	Route	ETA	ETD	ACFT	Capacity	Reg. Mark

Remarks:.....

8. NUMBER OF PASSENGERS

Points of embarkation and disembarkation	Number of passengers

9. NATURE AND AMOUNT OF CARGO

Points of loading and unloading	Nature	Amount (KG)

10. CHARTER AND SELLING PRICE (For each charter)

Name of Charter	Number of seats sold	Charter price		Selling price to passenger (max. + min)
		All seats	Seat mile	

11. INCLUSIVE TOUR CHARTER OR FLIGHT(S) OF THE SAME NATURE

Complete routing (including transport by surface means or scheduled services):.....

 Duration of the tour including stay at hotel (nights):.....
 Type of accommodation offered (e.g. category and name of hotel, apartment etc.):.....
 Other facilities included in the price (e.g. meals, excursions, surface transport, etc.):.....

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.