



GROUND HANDLING REQUEST FORM

OPERATOR / COMPANY: _____

FLT NUMBER _____ AND/OR MISSION _____

AIRCRAFT TYPE _____ AND REGISTRATION _____

DATE OF OPERATION _____ GANDER ESTIMATE (Z) _____

DEPARTURE POINT (IDENTIFIER) _ _ _ _ DESTINATION (IDENTIFIER) _ _ _ _

S U P P L E M E N T A R Y I N F O R M A T I O N

NUMBER OF CREW _____ NUMBER OF PASSENGERS _____

CATERING REQUIRED YES ___ NO ___

DETAILS _____

REMARKS _____

C O N T A C T I N F O R M A T I O N

NAME: _____

TEL: _____

SITA _____

FAX: _____