PPR

PRIOR PERMISSION REQUIRED

GENERAL AVIATION

Send to: aoc.suf@sacal.it

COMPANY/OPERATOR NAME | **BROKER:**

ADDRESS: | **VAT:**

EMAIL:

PHONE: | **FAX:** | **SITA:**

VAT Number (or National identification number):

FLIGHT QUALIFICATION: | **FLIGHT TYPE:**

A/C TYPE: | **A/C REG. MARK:**

ADEP (ICAO O IATA): | **ADES** (ICAO O IATA):

FLIGHT N° or CALLSIGN:

ARRIVAL **DATE:** | **ETA** (UTC):

RESCHEDULED[1] **DATE:** | **ETA** (UTC):

FLIGHT N° or CALLSIGN:

DEPARTURE **DATE:** | **ETD** (UTC):

RESCHEDULED[1] **DATE:** | **ETD** (UTC):

FLIGHT CANCELLED[1] ☐

PILOT NAME: | **MOBILE PHONE:**

NUMBER PASSENGERS **ARRIVAL:** 0 **DEPARTURE:** select

NUMBER CREW **ARRIVAL:** select **DEPARTURE:** select

HANDLER REQUIRED:

TYPE OF SERVICE: select | select

select | select

select | select

***AVAILABLE:** ☐ **YES** ☐ **NO** ***(only for handler)**

AERODROME OPERATOR (SACAL-AOC)

AUTHORIZATION[2]**:** ☐ **YES** ☐ **NO** **N°** **DATE:**

REMARKS:

[1] If rescheduled or cancelled send the same request.

[2] Your request will be confirmed only when you will receive the PPR authorization number. The authorization number must be inserted in item 18 of FPL