

## GROUND HANDLING SERVICE REQUEST FOR PASSENGERS

### \* Required Information

* Today's date	* Company	
* Requested by	* Billing Address	
* Phone	* Phone	* Accounts Payables Contact
* E-mail	* Fax	* Phone
	* Tax ID	* E-mail

## FLIGHT INFORMATION

Aircraft type	Tail number	Trip number			
Would you need a Landing Permit?	No	Yes	Part 91	Part 135	Part 121

## GROUND HANDLING FULL SERVICE PACKAGE

Representation, Landing, Parking and Aircraft Immigration fees, Ramp service, Flight Plan Coordination, Customs Immigration and Health Clearances, Flight Following, Crew Transportation (fare up to \$50 USD), Fuel Coordination, FBO Facilities, Communications, 15% Airport Royalty, and Pax / Crew Assistance.

**Complimentary Services:** Basic Catering, Weather Information, Hotel and Car rental reservations, Into Plane Supervision.

### Car rental

Type  
Days #

Passengers Flight  
Inbound Passenger (s)  
Outbound Passenger (s)

### Hotel Reservation

Nights  
Rooms  
Smoking / Non Smoking

Ambulance Flight  
Inbound Patient (s)  
Outbound Patient (s)

## PLEASE MARK THE ADDITIONAL SERVICES TO THE FULL SERVICE YOU WILL REQUIRE:

Permit / Authorization	Apis	Fuel
Catering	Overtime	Overnight
Aircraft Security	Pax Security	Pax Ground Transportation
Ground Ambulance	Hospital	Local Contact

## ITINERARY

ICAO ID / Airports	Date ( Z )	ETA ( Z )	ETA ( Z )	Number Of Pax
From				
To				
From				
To				
From				
To				

Crew	Name	Gender	Dob	Passport #	Passport Expiration	License #	Citizenship
Capt.		M F					
First Officer		M F					
Other		M F					
Doctor		M F					
Nurse / Paramedic		M F					

Pax	Name	Gender	Dob	Passport #	Passport Expiration	Citizenship
1		F M				
2		F M				
3		F M				
4		F M				
5		F M				

Catering 

Specific Needs

## CREDIT CARD FOR PAYMENT GUARANTEE

	Credit card type		Number	Exp. Date	CCV
VISA	MC	AMEX			

