



PPR

PRIOR PERMISSION REQUIRED

GENERAL AVIATION

Send to: aoc.suf@sacal.it

COMPANY NAME: <input style="width: 95%;" type="text"/>		
ADDRESS: <input style="width: 95%;" type="text"/>		
EMAIL: <input style="width: 95%;" type="text"/>		
PHONE: <input style="width: 20%;" type="text"/>	FAX: <input style="width: 20%;" type="text"/>	SITA: <input style="width: 20%;" type="text"/>
VAT Number (or National identification number): <input style="width: 80%;" type="text"/>		

FLIGHT TYPE: <input style="width: 80%;" type="text"/>
A/C TYPE: <input style="width: 20%;" type="text"/> A/C REG. MARK: <input style="width: 40%;" type="text"/>

ADEP (ICAO O IATA): <input style="width: 20%;" type="text"/>	ADES (ICAO O IATA): <input style="width: 20%;" type="text"/>
FLIGHT N° or CALLSIGN: <input style="width: 40%;" type="text"/>	
ARRIVAL DATE: <input style="width: 20%;" type="text"/>	ETA (UTC): <input style="width: 20%;" type="text"/>
RESCHEDULED ¹ DATE: <input style="width: 20%;" type="text"/>	ETA (UTC): <input style="width: 20%;" type="text"/>
FLIGHT N° or CALLSIGN: <input style="width: 40%;" type="text"/>	
DEPARTURE DATE: <input style="width: 20%;" type="text"/>	ETD (UTC): <input style="width: 20%;" type="text"/>
RESCHEDULED ¹ DATE: <input style="width: 20%;" type="text"/>	ETD (UTC): <input style="width: 20%;" type="text"/>
FLIGHT CANCELLED ¹ <input type="checkbox"/>	
PILOT NAME: <input style="width: 60%;" type="text"/>	MOBILE PHONE: <input style="width: 20%;" type="text"/>
NUMBER PASSENGERS ARRIVAL: <input style="width: 10%;" type="text"/>	DEPARTURE: <input style="width: 10%;" type="text"/>
NUMBER CREW ARRIVAL: <input style="width: 10%;" type="text"/>	DEPARTURE: <input style="width: 10%;" type="text"/>

HANDLER REQUIRED: <input style="width: 95%;" type="text"/>	
TYPE OF SERVICE: <input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>
<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>
<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>
*AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO *(only for handler)	

AERODROME OPERATOR (SACAL-AOC)	
AUTHORIZATION ² : <input type="checkbox"/> YES <input type="checkbox"/> NO	N° <input style="width: 20%;" type="text"/> DATE: <input style="width: 20%;" type="text"/>

REMARKS: <input style="width: 95%;" type="text"/>

[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