APPLICATION FOR OPERATING SLOT TIMES

Name of operator _____

Address _____

Contact name and Number _____

Aerodrome of Origin _____

Aerodrome of Destination _____

Type of Aircraft _____

Date and time of Arrival _____

Date and Time of departure _____

Number Passengers _____

Handling Agent _____

Contact Name and Number _____

OFFICIAL USE ONLY

APPROVED/DENIED _____

ALTERNATE TIME AVAILABLE _____

_____

AIRPORTS OPERATIONS