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| Details of Applicant | | | | | | | | | |
| Name: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| Contact Details | | **Phone:** | | |  | **Email:** | | |  |
| Flight Type (place x in the appropriate box) | | | | | | | | | |
| **Private** (a flight where there has not been any sort of valuable consideration exchanged or promised)  **Commercial** (aircraft operator is being paid or receiving some other benefit in kind for the flight) | | | | | | | | | |
| Details of Flights | | | | | | | | | |
| Date From (ICAO) ETD (UTC) To ETA (UTC) | | | | | | | | | |
|  |  | | |  | | | EGYP/SFAL  (indicate which) |  | |
|  | EGYP/SFAL  (indicate which) | | |  | | |  |  | |
| Aircraft Details | | | | | | | | | |
| Aircraft Registration: | | |  | | | State of Registration: | |  | |
| Aircraft Type: | | |  | | | MTOM (kg): | |  | |
| Ground Handling Details  *(Please provide as much detail as possible to support the speedy processing of the application)* | | | | | | | | | |
| The applicant must arrange support for ground ops such as baggage handling, water re-supply, fuel, etc. Please detail what arrangements have been made. i.e. name of local agent. | | | | | |  | | | |
| There is no public transport at the airport. Full details of transportation arrangements for crew and pax off and on to the military base must be provided.  Please explain what arrangements are in place. | | | | | |  | | | |



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| **Copies of the following documents are required to support this application:**   * Certificate of registration * Certificate of airworthiness * Liability insurance certificate * Air operating certificate (AOC) (if applicable) * Operations specification (if applicable) * \* Dangerous Goods Approval (if Dangerous Goods are to be carried, full details must be provided) |

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| Crew Details *(Include additional sheets for more crew)* Captain First Officer | | | | | | |
| Name: | | |  | |  | |
| Date of Birth: | | |  | |  | |
| Gender (Male or Female) | | |  | |  | |
| Licence Number: | | |  | |  | |
| Licence State of Issue: | | |  | |  | |
| Licence Date of Expiry: | | |  | |  | |
| Passport Number: | | |  | |  | |
| Nationality on Passport: | | |  | |  | |
| Passport Expiry Date: | | |  | |  | |
| Passenger Details *(Include more sheets for more passengers)* | | | | | | |
| Name of Passenger | | Gender | Date of Birth | Nationality | Passport # | Expiry Date |
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| **DECLARATION TO BE SIGNED BY APPLICANT**  \*Mark the applicable box.  No Dangerous Goods or munitions of war will be carried on board the aircraft.  Full details of Dangerous Goods to be carried on board have been provided to FICAD.  It is an offence under Article 173 of the Air Navigation (Overseas Territories) Order to make any false representation for procuring the grant, issue, renewal or variation of any such certificate, licence, approval, permission or exemption or other document, including a copy or purported copy of it.  I can confirm that all information contained within this application is correct and complete to the best of my knowledge and belief.  **x**.............................................................. X………………………………………………………………..  [Signature] erebyEGYP  [Date] |
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FOP-02-V5.0 Short Term FOP Application June 2020