

**REQUEST FOR OPERATING A SINGLE (CHARTER) FLIGHT TO/FROM THE AIRPORTS
OF THE KYRGYZ REPUBLIC**

Date: _____ To: MC ATM of KR
 From: _____ Postal address: Manas Airport, Bishkek, 720062,
 Kyrgyz Republic
 Telephone: +996 (312) 39-35-52
 Fax: +996 (312) 39-35-73
 AFS: UCFMZDZX

A request for using the airspace of the Kyrgyz Republic	
A	State/, ACFT Type/, ACFT MTOM/
B	Registration number of ACFT/
C	Call sign/
D	Flight number/
E	A pilot-in-command/, the number of crew members/
F	DOF/, DEP ARR, FLT ETD ETA
G	DOF/, DEP ARR, FLT ETD ETA
H	Entry point and time of entry/, exit point and time of exit
I	Flight route within the territory of the Kyrgyz Republic/
J	Flight route within the territory of the Kyrgyz Republic/
K	Purpose of flight/
L	Sender/
M	Receiver/
N	Receiving party/
O	Payer/
P	Handling agent, service company/
Q	Carrier/
R	Address of carrier/
S	Presence of dangerous goods, weapons, etc. on board/
T	Additional information

Signature of official person: _____ Telephone: _____