

**REQUEST FOR OPERATING A SINGLE (CHARTER) FLIGHT FOR AIRSPACE USAGE
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
 Email: atfmu@caa.kg, gcz_ovd@bk.ru

| 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/ applicate responsible party for payment air navigation charges, email, fax, telephone address to present invoice |
| P | Handling agent, service company/ |
| Q | Carrier/ |
| R | Address of carrier/ |
| S | Presence of dangerous goods, weapons, etc. on board/ |
| T | Additional information: Pax count (Pax flt) Type and weight of Cargo (Cargo flt) |

Signature of official person: _____ Telephone: _____