

Form N

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

Date:

To: MC ATM of KR

From:

Manas Airport,
Bishkek, 720062,
Kyrgyz Republic
Telephone: +996 (312) 39-35-52
Fax: +996 (312) 39-35-73
AFTN: 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: _____