

**Form TAR**

# REQUEST FORM FOR COMMERCIAL INTERNATIONAL SCHEDULE AIR SERVICES TO/FROM CAPE VERDE

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| --- | --- |
| **Carrier/Operator:**  | 3-letter code:     |
| Address:      |
| Telephone:      | AFTN:      |
| Fax:      | E-mail:      |

#### FLIGHT PROGRAM

#### Year:

#### Season: Winter / Summer (delete as appropriate)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Period of Operation** | **Flight Number** | Day | **Point of Embarkation (ETD-UTC)** | **Point of Disembarkation (ETA-UTC)** | **Aircraft type/series** | **Config.** | **Reg. Marks** |
| From to To  |       |       |       /      |       /      |       |       |       |
| From to To |       |       |       /      |       /      |       |       |       |
| From to To |       |       |       /      |       /      |       |       |       |
| From to To |       |       |       /      |       /      |       |       |       |
| From to To |       |       |       /      |       /      |       |       |       |

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| **Remarks** |  | **Date and Signature (Operator/Carrier/Representative)** |

**For Civil Aviation Authority use only**

Version Nº

Ref.

Submission Date:Pick a date

Compliance with Check List Autorizações de Voo:

**Approved (name/date/stamp)**

***(use additional sheet if necessary)***