

**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 |  |  | / | / |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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)***