

SouthAir Keflavik Iceland Handling Request

Aircraft Information

Registration _____ Flight Number _____
Type of aircraft _____ Type of Flight _____
Owner or Operator _____
Fuel Carnet _____

Aircraft Itinerary

ETA BIKF _____ UTC dd/mmm/yy _____ From _____
ETD BIKF _____ UTC dd/mmm/yy _____ To _____
Number of People on board: Crew _____ Pax _____ Pat _____

Other Information

Person to contact _____
Tel. _____ Fax _____
Sita _____ Aftn _____

Date of request _____

Sent by:

Phone:

E-Mail: