



APPLICATION FOR ISSUE OF A LANDING PERMIT

1. OWNERSHIP DETAILS

Owner's Full Name:			
	<i>(Surname)</i>		<i>Forename(s)</i>
Company Name:			
Local Address:			
TEL:	FAX:	E-MAIL:	

2. AIRCRAFT PARTICULARS

AIRCRAFT TYPE:	AIRCRAFT REGISTRATION:
AIRCRAFT TAKE-OFF WEIGHT:	TYRE PRESSURE:
AIRCRAFT CALL-SIGN:	

3. FLIGHT DETAILS:

PILOT'S NAME:			
PURPOSE OF FLIGHT:			
AIRPORT OF DEPARTURE:	AIRPORT OF DESTINATION:	ROUTE:	
ARRIVAL DATE:	ARRIVAL TIME:	POB:	
DEPARTURE DATE:	DEPARTURE TIME:	POB:	
TYPE OF CARGO ON BOARD:			
REFUELLING DETAILS AND TIME REQUIRED:			

4. INSURANCE:

Please provide details of 3 rd Party insurance cover for flights over or within the Cook Islands:
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5. CERTIFICATE OF AIRWORTHINESS AND PILOT'S AVIATION LICENCE AND MEDICAL CERTIFICATE

Please email or fax copies of the above with this request.

6. DECLARATION:

I DECLARE THAT THE FOREGOING APPLICATION DETAILS ARE TRUE AND CORRECT IN EVERY RESPECT.

SIGNATURE:	DATE:
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NOTE:

Applicant to complete form and forward application to:
Director of Civil Aviation | Ministry of Transport | Rarotonga | COOK ISLANDS

- Fax: (682) 28-816; or
- E-mail: 1) makea.pauka@cookislands.gov.ck 2) teanau.rani@cookislands.gov.ck
3) simiona.teiotu@cookislands.gov.ck

This application form must be received by the Ministry of Transport at least 14 days before the proposed date of arrival into or over-flight of the Cook Islands.

OFFICE USE ONLY:

1. Information loaded onto database	Date: <input type="text"/>	<input type="checkbox"/>
2. Flight Permit Issued	Date: <input type="text"/>	<input type="checkbox"/>
3. PERMIT NO:	<input type="text"/>	

Prepared by: _____ (Signature)

Verified by: _____ (Signature)

Approved by: _____ (Director of Civil Aviation) _____ (Signature)