



GROUND HANDLING REQUEST FORM

PLS SEND TO CUF OPS :
email: operations@aeroporto.cuneo.it

CONTACT INFORMATION:

COMPANY	
ADDRESS	
INVOICE ADDRESS	
VAT NR	
PHONE NBR	
FAX NBR	
E-MAIL	
OTHER INFO	

FLIGHT INFORMATION:

AIRCRAFT REGISTRATION	
AIRCRAFT TYPE (ICAO)	
MTOW	
TOTAL NUMBER OF SEAT	
FLIGHT CATEGORY	

FUELLING (TOTAL):

AVGAS	
JET A1	

CUSTOM REQUEST for Extra UE dep - fuelling

pls specify fuelling time:

SCHEDULE:

DATE	FLT NR	APT DEP	ETD	APT ARR	ETA	PAX NR	CREW NR

FLIGHT STATUS:

OTHER SERVICES REQUESTED:

PRIVATE	<input type="checkbox"/>	WATER SERVICE	<input type="checkbox"/>
COMMERCIAL (send AOC)	<input type="checkbox"/>	TOILETTE SERVICE	<input type="checkbox"/>
TRAINING	<input type="checkbox"/>	GPU	<input type="checkbox"/>
MILITARY	<input type="checkbox"/>	AIR STARTER UNIT	<input type="checkbox"/>
AMBULANCE	<input type="checkbox"/>	CLEANING	<input type="checkbox"/>
		PASSENGER STEPS	<input type="checkbox"/>
		METEO FOLDER	<input type="checkbox"/>
		OTHER	<input type="checkbox"/>

CREW DETAILS:

NAME	D.O.B.	PASSPORT NBR	NATIONALITY

PAX DETAILS:

NAME	D.O.B.	PASSPORT NBR	NATIONALITY

CREDIT CARD DETAILS	N°:	EXP:
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