

# ITINERANT AIRCRAFT ACCESS REQUEST – PART A

To be completed by Agent / Owner for any itinerant requesting to operate through Cairns Airport.  
Return by email to [coords@cairnsairport.com.au](mailto:coords@cairnsairport.com.au) or by fax to Cairns Airport Pty Ltd (CAPL) Airport Coordinators on fax no. 07 4035 9115.

## AIRCRAFT DETAILS

Aircraft Registration: \_\_\_\_\_ Aircraft Type: \_\_\_\_\_ Flight Number: \_\_\_\_\_ Call Sign: \_\_\_\_\_  
 Aircraft Operator: \_\_\_\_\_ Towbar Available:  Licensed Aerobridge Operator Available:

## FLIGHT DETAILS

ETA / ETD	To / FROM	DATE	NO. OF CREW / PAX	NO. OF TRANSIT
ETA: _____	From: _____	_____	_____	_____
ETD: _____	To: _____	_____	_____	_____
ETA: _____	From: _____	_____	_____	_____
ETD: _____	To: _____	_____	_____	_____

<b>FLIGHT TYPE</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International	<b>TERMINAL FACILITIES REQUIRED</b> <input type="checkbox"/> Domestic Terminal <input type="checkbox"/> International Terminal <input type="checkbox"/> None	<b>AEROBRIDGE REQUIRED</b> <input type="checkbox"/> Arrival <input type="checkbox"/> Departure Note: A Towbar is required for all aircraft F100 size and above. If an Aerobridge is required, the Operator must be licensed to CAPL standard.	<b>OPERATION TYPE</b> <input type="checkbox"/> Open Charter <input type="checkbox"/> Closed Charter <input type="checkbox"/> Freight <input type="checkbox"/> Military <input type="checkbox"/> Medivac <input type="checkbox"/> Tech Stop <input type="checkbox"/> Private <input type="checkbox"/> Ferry
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## OWNER / AGENT DETAILS

Owner / Operator Name and Address:	
Ground Handling Agent Address:	

Requested By: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## FEES AND CHARGES

Airport charges are available on the website: [www.cairnsairport.com.au/charges-fees-0](http://www.cairnsairport.com.au/charges-fees-0)  
 All visiting aircraft must specify payment arrangements in advance.

Operating crew to pay prior to departure by: **OR** Charges to be paid by Handling Agent (must have an account with CAPL).  
 Visa I / We agree to accept all CAPL Charges for the above mentioned aircraft.  
 Mastercard  
 American Express  
 Diners Card  
 Cash (specify currency) \_\_\_\_\_

Name of Company	Contact No.
Signature (Authorised Person)	Date

**Official Use:**  
 Email Sent:   
 Flight Created:   
 Initial:  Date: ...../...../.....