

## 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>	<b>TERMINAL FACILITIES REQUIRED</b>	<b>AEROBRIDGE REQUIRED</b>	<b>OPERATION TYPE</b>
<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic Terminal	<input type="checkbox"/> Arrival	<input type="checkbox"/> Open Charter <input type="checkbox"/> Closed Charter
<input type="checkbox"/> International	<input type="checkbox"/> International Terminal	<input type="checkbox"/> Departure	<input type="checkbox"/> Freight <input type="checkbox"/> Military
	<input type="checkbox"/> None	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.	<input type="checkbox"/> Medivac <input type="checkbox"/> Tech Stop
			<input type="checkbox"/> Private <input type="checkbox"/> Ferry

### 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).  
I / We agree to accept all CAPL Charges for the above mentioned aircraft.

☐ Visa  
☐ 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: ...../...../.....