Stand and Handling Request Form

Aeroporto di Comiso "Pio La Torre" – LICB - CIY

Ed. 1 del 01.02.2014 Rev. 5

To:	**Mobile:**	+39 338 7441161
Comiso Airport	**FAX:**	+39 0932 962381
Via Generale Vincenzo Magliocco s.n. - c/o	**Email:**	traffic@soaco.it
Aeroporto di Comiso.	**Freq.VHF:**	131.425Mhz Charlie
97013 COMISO (RG) - ITALY	**Fire Cat.:**	7

Applicant details				
Flight requested by				
Flight operated by				
Air Operator's Certificate Number			**Expiry date**	
Contact person				
Email				
Tel. OPS 24 hours / Fax				
Crew information (Name, Surname, Date of birth) **and telephone number**	CPT:		Tel.:	
	F/O:		Tel.:	
	F/A:		F/A:	
	F/A:		F/A:	

Aircraft details				
Aircraft type		**Aircraft Registration**		
MTOW (Kg)		**Seats**	**Wing span length** (m)	

Flight arrival details				
ETA (UTC)**/Date**		**From** (ICAO/IATA)		
Number of pax in		**Number of flight in**		
Purpose of flight	Private	Commercial	Medical	Other
When 'other purpose of Flight' – state Reason:				
Pax information (Name, Surname, Date of birth)	1:		2:	
	3:		4:	
	5:		6:	

Flight departure details				
ETD (UTC)**/Date**		**To** (ICAO/IATA)		
Number of pax out		**Number of flight out**		
Purpose of flight	Private	Commercial	Medical	Other
When 'other purpose of Flight' – state Reason:				
Pax information (Name, Surname, Date of birth)	1:		2:	
	3:		4:	
	5:		6:	

Please fill out the further information. Tick services required.	
Ground power unit	Remarks:
Parking	Remarks:
Toilet Service	Remarks:

Water	Remarks:	
Cleaning interior A/C	Remarks:	
De-icing	***** NOT AVAILABLE *****	
Air starter	Remarks:	
Stairs	Height:	
WX./NOTAM	Remarks:	
MVT/LDM	To addresses:	
Catering	Type:	Delivery time:
Rest Room	Remarks:	
Hotel Accommodation	Remarks:	
Transfer	Remarks:	

Payment					
Payment is required on departure. A Proforma invoice will be issued. Invoice will be sent by post.					
Please specify the payment method	Cash payment		Credit card payment		Advnced payment

Invoice details	
Company Name	
Address	

City		State/Country		ZIP/Postal Code	
VAT Number/Tax Identification Number					

Fuelling: Only Nautilus Aviation S.p.A.

Mail: ciy.fuel@nautilusaviation.com; nautilush24@nautilusaviation.com Tel.: 0039 347 5635329

For more up to date information please consult Italian AIP and check NOTAM.

International movements require the following additional information:
Full name, Dates of Birth, Nationalities and Passport Numbers of all on board the aircraft.
Please use an additional sheet if necessary.
How to complete the PPR Form:
1. Fill out details in full on form above.
2. Contact Traffic Office (fax form or email through).
3. On receipt of these details, an **acknowledgement** will be issued by return fax or mail, **PPR not required.**

Date   Signature