



COMMONWEALTH PORTS AUTHORITY

Main Office: FRANCISCO C. ADA/SAIPAN INTERNATIONAL AIRPORT
P.O. BOX 501055, SAIPAN, MP 96950-1055
Phone: (670) 237-4500/1, Fax: (670) 234-5962
E-mail Address: cpa.admin@pticom.com
Website: www.cpa.gov.mp

LANDING REQUEST

LR-No. CPA _____ -10

1. Requestor's Name and Company: _____

Mailing Address: _____

Email: _____

Phone and Fax No.: _____

2. Name of Local Agent: _____

Address: _____

Phone No.: _____ Fax No.: _____

3. Aircraft Registration No.: _____

4. Type of Aircraft: _____ Check one: Civilian Military

5. Name of Insurance Company: _____

(Attach Aircraft Insurance Policy to this form)

Address: _____

Policy No. with a copy of certificate: _____

Phone No.: _____ Fax No.: _____

6. Purpose of Request: _____

7. Date & Time of Arrival: _____

8. Date & Time of Departure: _____

9. Arriving From: _____

10. Departing To: _____

11. Total people on board: _____ Specify: Crew: _____ Passengers: _____

All U.S. Passport holders? _____ If not, pls. specify: _____

12. Fuel upon: Arrival Departure No fuel needed.

Gallons: _____ Nozzle head location: _____

13. Fuel/Garbage/Sewer Arrangements made with: Local Agent _____ CPA _____

Approved By: EDWARD M. DELEON GUERRERO, Executive Director Date: _____