Mackay Airport Aircraft Parking Approval Request Form



To be completed by Agent/Owner for any itinerant requesting to operate through the Mackay Airport. Return by email or by fax as per details below: Email: aso@mackayairport.com Phone: 0418 570 233 07 4957 0273 Fax:

		A	AIRCRAI	FT DETAILS				
Aircraft Registration				Flight Number:				
Aircraft Origin:				Aircraft Type/Model:				
Call Sign:				Tyre Pressure:				
Maximum All Up Weight:				Fuel Type:				
Estimated Landing Weight & ACN				Estimated Take Off Weight & CAN:				
Screened/Unscreened				Fuel Required:				
Number of Pax. On Arrival				Number of Pax. On Departure				
Number of Crew on Arr	ival			Number of Crew on				
Company Name				Departure Captains Name				
Contact Details				Captains Ph. Number				
Purpose of Flight			<u> l</u>					
Arriving From:				Departing To:				
ETA Date		Estimated			ETD Da	ate		
ETA Time	time on apron		l	ETD		me		
I understand that if approvia Gate 20A, remaining o		-			sengers ar	ıd crev	v must exit the apron	
Request made by:								
Email:								
Date:			Phone:		Fax:			
APPROVAL								
Mackay Airport grants you short term parking approval in the following area: Conditions:								
 You are responsible If parked on the carg parking area. Remail 	go apron you mo n north of the so go apron your la	ust not ento olid white l andside/airs	er the Se line mark side exit	handling and refuelling. ecurity Restricted Area (aking the Security Restrict /entry point is Gate 20A es apply).	ed Area).			

Officer 0418 570 233; A/H CFT 0419 757 117 callout fees apply).

Approved By: (for Mackay Airport)

Name:			Position:		
Signature:			Date:		
Conditions of Approval:					