|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KAITSEVÄE LENNUBAAS**  **ESTONIAN DEFENCE FORCES ÄMARI AIRBASE** | | | | | | | | | | | | | | | | | |
| **Prior Permission Required (PPR) to Ämari Airbase (EEEI)** | | | | | | | | | | **No:**  *(Filled by Ämari Airbase)* | | | | | | | |
| Base Operations Centre | | | | | | | | | | Phone: +372 717 3414  E-mail: EEEI@mil.ee | | | | | | | |
| **PPR shall be submitted five working days prior to the intended flight** | | | | | | | | | | | | | | | | | |
| 1. **Applicant’s details** | | | | | | | | | | | | | | | | | |
| * 1. Applicant | |  | | | | | | | | | | | | | | | |
| * 1. Phone number | |  | | | | | | | | | | | | | | | |
| * 1. E-mail | |  | | | | | | * 1. Date of request | | | | | | |  | | |
| 1. **Aircraft** | | | | | | | | | | | | | | | | | |
| * 1. Quantity and type of aircraft | | |  | | | | * 1. Call sign and tail number | | | | |  | | | | | |
| * 1. Name of captain | | |  | | | | * 1. Persons on board (total) | | | | |  | | * 1. Live armament (Y/N) | | | Choose an item. |
| 1. **Flight plan information** | | | | | | | | | | | | | | | | | |
| * 1. Purpose of flight | |  | | | | | | | | | | | | | | | |
| 3.2. Arrival date | 3.3.Prev ICAO AD | | | 3.4.ETA (UTC) | | 3.5. Departure date | | | | | 3.6. ETD (UTC) | | | | | 3.7. Next ICAO AD | |
|  |  | | |  | |  | | | | |  | | | | |  | |
| 1. **Cargo/Pax** | | | | | | | | | | | | | | | | | |
| * 1. Pax to EEEI | |  | | * 1. Amount of cargo IN | | | | |  | | | | * 1. Dangerous goods/ Hot cargo (Y/N)[[1]](#footnote-1)\* | | | | Choose |
| * 1. Cargo specification | |  | | | | | | | | | | | | | | | |
| * 1. Pax from EEEI | |  | | * 1. Amount of cargo OUT | | | | |  | | | | * 1. Dangerous goods/ Hot cargo (Y/N)\* | | | | Choose |
| * 1. Cargo -specification | |  | | | | | | | | | | | | | | | |
| * 1. **Local passengers/cargo point of contact /phone/e-mail** | | | |  | | | | | | | | | | | | | |
| 1. **Services** | | | | | | | | | | | | | | | | | |
| Ground Power Unit | |  | | | Remarks | | |  | | | | | | | | | |
| De-icing | | Choose an item. | | | Remarks | | |  | | | | | | | | | |
| Fuel (Y/N) | | Choose an item. | | Quantity |  | | | Choose an item. | | Type | | | | | | Choose an item. | |
| Fuel payment | | Choose an item. | | | | | | | | | | | | | | | |
| Fuel billing name and postal address | |  | | | | | | | | | | | | | | | |
| Other services | |  | | | | | | | | | | | | | | | |
| 1. **Remarks** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Permission given** | |  | | | | | **Request rejected** | | | | |  | | | | | |
| 1. **Remarks** *(filled by Ämari Airbase)* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Processed application is returned to the applicant with a decision no later than three working days after its receipt. | | | | | | | | | | | | | | | | | |

\* **If Yes**, then please fill the declaration form <http://www.iata.org/whatwedo/cargo/dgr/Documents/Shippers-Declaration-Column-Format-Fillable.pdf>

1. [↑](#footnote-ref-1)