



# UGANDA CIVIL AVIATION AUTHORITY

## AIRCRAFT FLIGHT CLEARANCE REQUEST FORM

Aircraft Clearance Office, P.O. Box 5536 Kampala, Uganda

Tel: (256)0414-321173/321016, Fax: (256)0414-321452,

Ref **CAA/05/ATO/32A**

Email: aircraftpermits@caa.co.ug

**Aircraft Clearance reference.....Date.....**

Please note that aircraft flight clearance to fly into and out of Ugandan airspace has been granted as follows below:

1. Name of operator.....

2. Address: .....

3. Name of Registered Owner: .....

4. Aircraft Registration: .....

5. Flight Call sign: .....

6. Aircraft Type: .....

7. Route of Flight: .....

8. Entry Point: .....Exit Point: .....

9. Date of Flight of Arrival/Overhead: .....

10. Date of departure from Entebbe int'l: .....

11. Type of Flight: .....

12. Purpose of Flight: .....

13. Name of Flight Commander: .....

14. Brief details of Cargo

And/or Passengers: .....

15. Name of Local Agent: .....

16. Consigner: .....

17. Consignee: .....

18. I hereby declare that the information given above is true and correct to the best of my knowledge

**Name.....Signature.....**

**Designation in company.....**

**(I) Please note that all passengers must pay the Airport Service Charge.**

**(II) Operators are advised to adhere to the stated schedule/ information provided herein as failure to do so will result in a fine of not less than US\$10.000 per day**

**(III) In addition to the fine stated in (II) above, legal proceedings will be instituted after five (5) days and aircraft maybe sold off by public auction.**

### Official use only

Name	Signature	Date

**For: Director Safety, Security and Economic Regulation**

