

Tail Height:

REQUEST TO OPERATE AIRCRAFT THROUGH YQR

FBO / Charter / Airline / Com	npany Name:		
Local Company (Ground Har	ndler):		
Rep Name:		24/7 Contact (cell):	
Rep Name:		24/7 Contact (cell):	
Rep Name:		24/7 Contact (cell):	
Local PAX Handler Rep:		24/7 Contact (cell):	
Aircraft Owner Rep:		24/7 Contact (cell):	
Date of (1st) Arrival:		Local 24hr. Time of Arrival:	
Arrive from (IATA Code):		ARR Flight #:	
Length of Stay (hours/days):			
Date of (1st) Depart:		Local 24hr. Time of Departure:	
Depart to (IATA Code):		DEP Flight #:	
Date of (2nd) Arrival:		Local 24hr. Time of Arrival:	
Arrive from (IATA Code):		ARR Flight #:	
Length of Stay (hours/days):			
Date of (2nd) Depart:		Local 24hr. Time of Departure:	
Depart to (IATA Code):		DEP Flight #:	
Aircraft Type			
Make & Model:		MTOW:	
Aircraft Characteristics	5		
AGN Code:	Wingspan:	Overall Length:	

Landing Gear Span (outer wheel span):



SERVICES REQUIF	RED)
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Fuel Air Stars Ground Power Air Start

Tow Bar Ground Transport Firefighter coverage for ferry flights

PURPOSE OF OPERATION (PAX/CARGO)

Pax Cargo Apron: Restricted Access Non-Restricted Access

For Rates & Fees, see www.yqr.ca/rates-and-fees

Customs Operation: Yes No CBSA Advised: Yes No

Intentions (Plans/Requirements)

Bridge Op Ground Load Screened Unscreened

Customs Crew PAX

Information for local companies/ground handler contacts when applicable

Additional Information