

Instructions

1. Fill out the Landing Request form.
2. Submit the form below with the aircraft's insurance policy. Apply at least one week in advance.

Ground handling services (Saipan). None available on Tinian and Rota.

1. Pacific Airport Services (PAS) - Tel. (670) 235-4000 Email : leila@pas-saipan.com
2. POI Aviation - Tel. (670) 288-0038 Email: Aurelia_kretzers@poiaviation.com

Submit the form to:

For landing in SAIPAN:
Francisco C. Ada/Saipan International Airport (PGSN)

Email	Fax	Telephone
AIRSIDE OPERATIONS AREA (AOA)		
aoa.saipan@cpa.gov.mp	670-664-3502	670-237-6535
Alternate	ADMINISTRATION	
cpa.admin@pticom.com	670-234-5962	670-237-6500

For landing in TINIAN:
Tinian International Airport (PGWT)

Email	Fax	Telephone
TINIAN ADMINISTRATION		
cpatinian@pticom.com	670-433-0790	670-433-9294
Alternate	FLIGHT SERVICE	
tinianaas@yahoo.com	670-433-0817	670-433-9295

For landing in ROTA:
Benjamin Taisacan Manglona International Airport (PGRO)

Email	Fax	Telephone
ROTA ADMINISTRATION		
cparota@pticom.com	670-532-9499	670-532-9497
Alternate	FLIGHT SERVICE	
rcpaaas@pticom.com	670-532-9500	670-532-9498



Approval No.

LANDING REQUEST

Specify which location: SAIPAN (PGSN) TINIAN (PGWT) ROTA (PGRO)

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. Maximum Landing Weight _____ Number of operations _____

6. Name of Insurance Company: _____

(Attach Aircraft Insurance Policy to this form)

Address: _____

Policy No. with a copy of certificate: _____

Phone No.: _____ Fax No.: _____

7. Purpose of Request: _____

8. Date & Time of Arrival: _____

9. Date & Time of Departure: _____

10. Arriving From: _____

11. Departing To: _____

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

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

13. Fuel upon: Arrival Departure No fuel needed.

Gallons: _____ Nozzle head location: _____

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

Approved By: _____ Date: _____

OPERATIONS SUPERVISOR or AIRPORT MANAGER