



COMMONWEALTH PORTS AUTHORITY

Main Office: SAIPAN INTERNATIONAL AIRPORT
P.O. BOX 501055 • SAIPAN • MP 96950-1055
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E-Mail Address: cpa.admin@ptficom.com
Website: www.cpa.gov.com

LANDING REQUEST

LR-No. CPA _____ -11

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. Name of Insurance Company: _____
(Attach Aircraft Insurance Policy to this form)
Address: _____
Policy No. with a copy of certificate: _____
Phone No.: _____ Fax No.: _____
6. Purpose of Request: _____
7. Date & Time of Arrival: _____
8. Date & Time of Departure: _____
9. Arriving From: _____
10. Departing To: _____
11. Total people on board: _____ Specify: Crew: _____ Passengers: _____
All U.S. Passport holders? _____ If not, pls. specify: _____
12. Fuel upon: Arrival Departure No fuel needed.
Gallons: _____ Nozzle head location: _____
13. Fuel/Garbage/Sewer Arrangements made with: Local Agent _____ None _____

Approved By: EDWARD M. DELEON GUERRERO, Executive Director Date: _____