

REQUIRED FORM...

After completing the form, please press 'Submit' to send.



Charter Worksheet

Charter Date

Type of Charter: Public Private

Customer
Air Carrier
A/C Type
Parking Location / Gate
Ground Handler

If passengers will need screening, who will provide this function? Screening Location?

Screening function provided by
Screening Location

Will the 10 percent rule be utilized? Yes No

Will outside catering be provided for this charter? Yes No

If yes, name of caterer

Scheduled arrival time

Ground Transportation: Private Vehicle Bus # of Buses
of Equip Trucks

Arrival Flight#	<input type="text"/>	Departure Flight #	<input type="text"/>
Arrival Date/Time	<input type="text"/>	Departure Date/Time	<input type="text"/>
Arrival From	<input type="text"/>	Departure To	<input type="text"/>
# of Passengers	<input type="text"/>	# of Passengers	<input type="text"/>
ARFF Index	<input type="text"/>	ARFF Index	<input type="text"/>

Additional Information

Questions about this charter, contact:
Telephone Email

For Airport Use Only:

Received by: _____ Date: _____
Flight scheduled/entered on "Boarding Gate" calendar: Confirmation email sent:

DISTRIBUTION TSA CBP OPS ATCT ARFF ADMIN