

AERODROME.....

LOCAL FLIGHT PLAN

Must be submitted to ARO *at least 30 minutes* prior ETD

1. OPERATOR / OWNER				TEL		FAX	
2. DOF	3. ETD	4. ETA	5. CALLSIGN	6. REGISTRATION	7. A/C TYPE	8. POB	9. FUEL ENDURANCE
10. TYPE OF FLIGHT VFR <input type="checkbox"/> NIGHT VFR <input type="checkbox"/> SVFR <input type="checkbox"/> 1 ST / 2 ND SOLO <input type="checkbox"/>			11. PURPOSE OF FLT TRAINING <input type="checkbox"/> PLEASURE <input type="checkbox"/> ACFT TEST <input type="checkbox"/> OTHER (SPECIFY)		12. ROUTE REQUESTED ALTITUDE: _____ Feet		
13. CREW					14. PASSENGERS		
	NAME		LICENCE NR				
EXAMINER	_____		_____			1	
FLT INSTRUCTOR	_____		_____			2	
PILOT	_____		_____			3	
STUDENT PILOT 1	_____		_____			4	
STUDENT PILOT 2	_____		_____			5	
15. PASSENGERS INFO							
i. Name and Nationality		1	2				
ii. Address in Cyprus						
iii. Next of kin, contact details						
16. I DECLARE THAT:							
A) CREW IS FAMILIAR WITH ALL NOTAMs, AICs, INSTRUCTIONS AND NAVIGATION WARNINGS, AFFECTING THE FLIGHT AND ITS SAFETY.							
B) THE AIRCRAFT IS EQUIPPED WITH PRESSURE ALTITUDE REPORTING TRANSPONDER							
PILOT's NAME				INSTRUCTOR's NAME			
SIGNATURE.....				SIGNATURE.....			
*NOTE: ON THE FIRST SOLO TRAINING FLIGHT, THE FLIGHT INSTRUCTOR SHALL BE PRESENT AT THE CONTROL TOWER.							
FOR OFFICIAL USE							
TIME SUBMITTEDUTC				RECEIVED BY			
FLT REQUIRES PRIOR PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>				PERMISSION EXISTS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
FLT COMPLIES WITH APPLICABLE REGULATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>							
APPROVED / NOT APPROVED BY..... (INITIALS) (SIGNATURE) TIMEUTC							
PASSED TO TOWER ATUTC To					REMARKS		
BY.....(INITIALS)							
ACCEPTED BY TWR <input type="checkbox"/>		REJECTED BY TWR <input type="checkbox"/>					