Dept. of Transportation, Communication & Infrastructure: Division of Civil Aviation

	P. O. Box PS 3, Palikir, Pohnpe Tel: 691-320-2865	i, FM 96941	
	Email: ncaa@mail.fm or fsmdo	ca_ops@mail.fr	n
HELICOPTER	R FLIGHT PERMIT REQ	UEST FC	DRM
The preferred method of reque twenty-four hours in advance. All helicopters with the intenti transportation. Manner of tran	est submission and its attachments is via electronic i on of operating in the FSM and FSM airspace need t	mail (colored scanne o be reported to DTC o: (1) a helicopter arri	
Date:			
DEPARTING			
ETD:		Call Sign:	
Operator:		Airport:	
State of Registry:		Pilot:	
Aircraft Type:		Purpose:	
ARRIVING			
ETA:		Call Sign:	
Operator:		Airport:	
State of Registry:		Pilot:	
Aircraft Type:		Purpose:	
Pilot signature: By signing this docume	ent, PIC accepts and will comply with FS	SM DCA's autho	orizations specific to this flight.
Signed By			
	3. Passport information with photo, 4. L	•	he following: 1. Pilot license (front & back), book, 5. Aircraft Certificate of Registration,
Comments:			