

## FIRE CATEGORY & OUT OF HOURS MOVEMENT REQUEST FORM

## Note: All Times are UTC/Zulu

Promulgated hours of operation 06:00 – 20:00 Mon–Sun RFF CAT 3 08:00 - 16:00 Mon-Fri	Enquiry Y/N	Please indicate Note: Escalation of an agreed enquiry to a	Out of hours Required Y/N
RFF CAT 2. 3 on Remission at all other times	Request Y/N	request must be confirmed by email within 24hrs to guarantee the request	No of Out of Hours Required

COMPANY SUBMITTING REQUEST:	DATE REQUEST SUBMITTED:	AIRCRAFT TYPE:	
AIRCRAFT CALL SIGN:	AIRCRAFT REGISTRATION:	FLIGHT NUMBER	

			INBOUND	)			OUTBOUND							
Date	MTOW	Origin	ETA	PAX	RFF Cat	Fuel	Date	MTOW	Origin	ETD	ΡΑΧ	RFF Cat	Fuel	
Comments	& Additiona	al Services Re	equired: (e.g	g. Remission,	/Parking/Sec	urity/Apron p	assenger t	ransfer/Fuel	information	etc)				
Type - deta	ail purpose o	f flight (e.g. C	Commercial/	Private/Mili	tary/Cargo/N	/ledical/Public	c transport	/Positioning,	/Training/Fre	ight etc)				
Request Co	onfirmation	Date (office us	e only) Requ	est Referen	ce Number (	office use only)	Request	Amended Da	ate (office use c	only) Rec	quest Cancelle	ed Date (offic	e use only)	
		·				,,		See over			e: if cancelled less t			

Key. MTOW – Maximum Take-off Weight ETA – Estimated Time of Arrival ETD – Estimated Time of Departure PAX – Number of Persons on Board RFF Cat- Rescue and Fire Fighting Category Required

## Please return the completed form to <u>handling@blackpoolairport.com</u>

Internal Distribution:			
	RFFS and Operations	Finance Manager	Refuelling (if required)
	SATCO (notified & agreed if OOH)	Security & HR Manager	Borders Agency (if required)

## AMENDMENTS TO SCHEDULED MOVEMENTS

INBOUND								OUTBOUND								
Date	MTOW	Origin	ETA	PAX	RFF Cat	Fuel	Date	MTOW	Origin	ETD	ΡΑΧ	RFF Cat	Fuel			
Commer	nts & Additio	nal Services	<b>Required:</b> (e	.g. Remission	/Parking/Se	curity/Apron p	assenger	transfer/Fue	el informatio	n etc)						
Tuna de	tail nurnaca	of flight (o.g.	Commoraia	l/Drivata/NAil	itory/Corgo/	Madical /Dubli	- transnar	+/Docitionin	a/Trainina/F	roight a	(t-c)					
Type - de	etan purpose	or night (e.g.	Commercia	i/Private/IVIII	itary/Cargo/	Medical/Publi	c transpor	r/ Positioning	g/ i raining/ F	reignite						
Request	Confirmatio	n Date (office		uest Referer	ce Number	(office use only)	Request	Amended [	Date (office us	e only)	Request Can	celled Date (offi	se use only)			
nequest	commution					(onice use only)	nequest		Fute (onice us	c onyj		less than 24hrs 50% of				