

**LOCAL FLIGHT PLAN**  
MUST BE SUBMITTED AT LEAST 30 MIN PRIOR TO ETDAERODROME 1. OPERATOR / OWNER TEL. FAX 2. DATE OF FLT 3. ETD 4. ETA 5. CALLSIGN 6. REGISTRATION 7. ACFT TYPE 8. POB 9. FUEL ENDURANCE 10. TYPE OF FLIGHT 11. PURPOSE OF FLIGHT 12. ROUTE FL (ft) 13. CREW NAME LICENCE NR 13. CREW NAME LICENCE NR 13. CREW NAME LICENCE NR 14. PASSENGERS NAME 14. PASSENGERS NAME 14. PASSENGERS NAME 14. PASSENGERS NAME **15. PASSENGERS INFORMATION**i. NAME  
NATIONALITY i. NAME  
NATIONALITY iii. ADDRESS IN CYPRUS iii. ADDRESS IN CYPRUS IV. CONTACT PERSON DETAILS IV. CONTACT PERSON 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

PILOTs NAME INSTRUCTOR **SIGNATURE**INSTRUCTORs LICENCE NR.

**FOR OFFICAL USE**

**TIME SUBMITTED TO ARO..... UTC**

**RECEIVED BY .....**

**FLT REQUIRES PRIOR PERMISSION ?      YES / NO**

**PERMISSION EXITS ?      YES / NO**

**FLT COMPLIES WITH APPLICABLE REGULATIONS?      YES / NO**

**APPROVED / NOT APPROVED BY ..... INITIALS**

**SIGNATURE .....**

**TIME ..... UTC**

**PASSED TO TOWER AT ..... UTC**

**TO (NAME) .....**

**BY ..... INITIALS**

**SIGNATURE .....**

**ACCEPTED BY TWR**

YES

**REJECTED BY TWR**

YES

**REMARKS**