



Department of Civil Aviation of the Republic of Cyprus

Title: **Pre-Flight Bulletin Request**

Code: **FM100** Edition: **1.1** Type of Document: **Form**

Relevant PP: **2. Product/Service Realization**

Operator/Handling Agent				FLT NUMBER		DATE	
VALIDITY				TYPE		MESSAGE TYPE	
	Date	Time	Duration (hrs)	AREA		NOTAM	
FROM				ROUTE		BIRDTAM	
				AERODROME		SNOWTAM	
FLIGHT RULES		FLIGHT LEVEL					
IFR	VFR	UPPER	LOWER				
IDENTIFIERS							
AERODROMES		FIRs		ROUTE			
Means of Delivery:							
Reply by Fax <input type="checkbox"/>		Fax Number:					
Reply by email <input type="checkbox"/>		E-mail:					
Pick up from AIS/ARO <input type="checkbox"/>							
NAME				SIGNATURE			
FOR AIS USE ONLY							
Reception							
Received by		Fax	Telephone	If received by phone, name of contact person			
Date							
Time							
Remarks							
Production							
						Initials/Time	
Approval							
						Initials/Time	
Delivery							
						Initials/Time	