KronAir vGmbH
Römerstraße / Via Roemer 23 I - 39030 Percha / Perca
Mobile +39 333 3310600
www.kronair.it info@kronair.it
MwSt Nr./P.IVA: IT03014780211

Helipad located at:
Ahrn / Via Ahrn 3
I - 39030 St. Johann / San Giovanni

Landing request

Helipad ST. JOHANN OBERSCHMIED

Geographical coordinates: **N 46° 58' 35"** **E 011° 56' 09"**

NOTE: Landing must be requested at least 12 hours before landing

PILOT DATA:

Risponsible Pilot (PIC): _____ (NAME) _____ (SURNAME)

Pilot Licence number: _____

Pilot contact number (phone): _____

COMPANY DATA

Company name: _____

Address: _____

Phone number: _____

E-Mail address: _____

HELICOPTER DATA:

Helicopter: _____ (TYPE OF HELICOPTER) _____ (REGISTRATION)

ARRIVAL

Date of arrival: _____/_____/_____

Estimate time of arrival: h. __:__

Arriving from (location): _____

Number of passengers: _____

Name of passengers: _____
_____

DEPARTURE

Date of departure: _____/_____/_____

Estimate time of departure h. __:__

Destination (location): _____

Number of passengers: _____

Name of passengers: _____
_____

TYP OF FLIGHT

- ☐ Aerial Work
- ☐ Civil Protection
- ☐ Fire fighting
- ☐ Guardia di Finanza
- ☐ Passenger or Freight
- ☐ Ferry flights
- ☐ Military flights
- ☐ Guardia di Forestale
- ☐ Training
- ☐ HEMS
- ☐ Police
- ☐ _____

TO BE CONFIRMED BY THE PIC:

- □ Valid licence
- □ Flight preperation (W&B, NOTAM, METEO…)
- □ Mountain experience
- □ Familiariation of the Helipad

ALL ABOVE DETAILS CONFIRMED WITH SIGNATURE BY PIC: _____

LANDING REQUEST APPROVED BY (only valid with sign of the Helipad manager)

Date: ___/___/_____ Signature Helipad manager: _____

This form has to be send, duly completed and signed, to the following address: **p.schwarz@kronair.it**