

ARRIVAL REPORT

Aircraft Registration No. _____ Maximum Take Off Weight (Gross) _____

TYPE OF FLIGHT *(Please indicate by marking the appropriate one below)*

- | | | | |
|----------------------|-----|---------------------------------|-----|
| (1) Scheduled Flight | () | (4) Recreational Flight | () |
| (2) Charter Flight | () | (5) Training within 20 miles | () |
| (3) Business Flight | () | (6) Test Flight within 10 miles | () |

Aircraft Type _____

Owner's Name _____

Address (in full please) _____

Captain _____ Co-Pilot _____

Navigator _____ Radio Operator _____

Flight Engineer _____ Stewardess _____

Total Number of Passengers (excluding crew) _____

Arrival Date _____ Time _____ From _____

Leaving for _____ Date _____ Time _____

Pilot's Signature _____

Nassau/Freeport Address _____

Landing Fee, Schedule I (II) _____

Collected, or _____

Charge _____

Collector's Signature _____