

airportfire@nunavutairportservices.ca

Igaluit Airport (CYFB) Aircraft Firefighting Services Services Category 5 Canadian Aviation Regulations 303.09

Standby / Call- Out Request

Please Read The Following Statements:

THIS FORM MUST BE COMPLETED & RETURNED IN ORDER TO CONFIRM PROVISION OF SERVICE. ONCE COMPLETED CHARGES WILL APPLY FOR THE TIME PERIOD REQUESTED ONLY.

ETOPS TIME PERIOD IS 4 HOURS ONLY, ADDITIONAL CHARGES WILL APPLY FOR EXTENDED TIME PERIODS. FIVE HOURS PRIOR NOTICE WILL BE REQUIRED FOR CANCELLATIONS OR APPLICABLE CHARGES WILL APPLY IABILITY WILL REMAIN SOLELY WITH THE AIRLINE OPERATOR IF AIRCRAFT FIREFIGHTING CATEGORY IS LOWEF THAN STANDARD FOR AIRCRAFT TYPE.

REPORT NUMBER			
DATE REQUESTED			
TIME REQUESTED			
AIRCRAFT IDENTIFICATION			
AIRCRAFT TYPE			
FLIGHT NUMBER			
TOTAL OF PASSENGERS AND CRE			
POINT OF DEPARTURE			
POINT OF ARRIVAL			
COMPANY NAME			
BILLING ADDRESS			
E-MAIL ADDRESS			
REASON			
AMOUNT CHARGED		\$1,714.00	
ADDITIONAL CHARGES	HOURS @ \$428.00	\$0.00	
SUBTOTAL	, o o	\$1,714.00	
GST	5% OF SUBTOTAL	\$85.70	
TOTAL		\$1,799.70	
REQUESTED BY			
SIGNATURE			
DATE			
NUNAVUT AIRPORT SERVICES			
P.O. BOX 1859		COVERAGE APPRO)VED
IQALUIT, NUNAVUT	<u></u>		
XOA 0H0 FAX: 1-867-979-2082			
24 HR DUTY OFFICER CELL PHONE: 1-867	7-877-1975	DFAPPROVING ARFF AGE	
	SIGNATURE	ALLEVOING AKEL AGEI	N I

*****Your Signature implies that you agree that all of the information on this form is correct*****