

airportfire@nunavutairportservices.ca

Igaluit Airport (CYFB) Aircraft Firefighting Services

Airport Services Category 7 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.

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REPORT NUMBER		
DATE REQUESTED		
TIME REQUESTED		
AIRCRAFT IDENTIFICATION		
AIRCRAFT TYPE		
FLIGHT NUMBER		
TOTAL OF PASSENGERS AND CRE	<u></u>	
POINT OF DEPARTURE		
POINT OF ARRIVAL		
COMPANY NAME		
BILLING ADDRESS		
E-MAIL ADDRESS		
REASON		
AMOUNT OUADOED		40.407.00
AMOUNT CHARGED ADDITIONAL CHARGES	1 1011D0 @ \$050.00	\$3,427.00
SUBTOTAL CHARGES	HOURS @ \$856.00	\$0.00 \$3,427.00
GST _	5% OF SUBTOTALI	\$171.35
TOTAL	3% OF GODIOTAL	\$3,598.35
_		Ψο,ουσίου
REQUESTED BY		
SIGNATURE		
DATE		
	-	
NUNAVUT AIRPORT SERVICES		COVERAGE APPROVED
P.O. BOX 1859		COVERAGE AFFROVED
IQALUIT, NUNAVUT XOA 0H0		
FAX: 1-867-979-2082		
24 HR DUTY OFFICER CELL PHONE: 1-867	7-877-1975 SIGNATURE	OFAPPROVING ARFF AGENT

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