INTERISLAND AIRWAYS FLIGHT PLAN FORM - PLEASE PRINT & FAX TO 649-946-4040

<<< FF →

FILING TIME | ORIGINATOR <<<

SPECIFIC IDENTIFICATION OF ADDRESSEE (S) AND/OR ORIGINATOR

3 MESSAGE TYPE <<<(FPL | 7 AIRCRAFT IDENTIFICATION | 8 FLIGHT RULES | TYPE OF FLIGHT G <<<

NUMBER | TYPE OF AIRCRAFT | WAKE TURBULENCE CAT. | 10 EQUIPMENT <<<

13 DEPARTURE AERODROME | TIME <<<

15 CRUISING SPEED | LEVEL | ROUTE

<<<

TOTAL EET

16 DESTINATION AERODROME | HR : MIN | ALTN AERODROME | 2ND ALTN AERODROME <<<

18 OTHER INFORMATION

CALL SIGN: INTERISLAND

OPR: INTERISLAND AIRWAYS

REG: VQ – TRG)<<<

SUPPLEMENTARY INFORMATION (NOT TO BE TRANSMITTED IN FPL MESSAGES)

19 ENDURANCE HR ; MIN | PERSONS ON BOARD | EMERGENCY RADIO UHF U VHF V ELT E

SURVIVAL EQUIPMENT POLAR P DESERT D MARITIME M JUNGLE J | JACKETS LIGHT L FLUORES F UHF U VHF V

DINGHIES NUMBER | CAPACITY | COVER C | COLOUR <<<

AIRCRAFT COLOUR AND MARKINGS

REMARKS <<<

PILOT-IN-COMMAND)<<<

FILED BY

SPACE RESERVED FOR ADDITIONAL REQUIREMENTS