Provo Air Center

P.O. Box 191, Providenciales Turks & Caicos Islands, B.W.I.

PLEASE PRINT AND FAX FORM TO (649) 946-4040

GENERAL DECLARATION

(Outward / Inward)

AGRICULTURE, CUSTOMS, IMMIGRATION AND PUBLIC HEALTH

Owner or Operator: _____

Marks of Nationality and Registration _____ Flight No.: _____ Date: _____

DEPARTURE FROM _____ **ARRIVAL AT** _____

(Place) (Place)

FLIGHT ROUTING			
Crew or Passenger Name **Capt.**	**Passport Number**	**Date of Birth**	**Nationality**

Declaration of Health	**For Official use Only**
Persons on board known to be suffering from illness other than airsickness or the effects of accidents, as well as those cases of illness disembarked during the flight:	
NIL	
Any other condition on board wich may lead to the spread of disease:	
NIL	
Details of each disinfecting or sanitary treament (place, date, time, method) during the flight. If no disinfecting has been carried out during the flight, give details of most recent disinfecting:	
OK	
Signed, if required _____ Crew Member Concerned	

I declare tha all statements and particulars contained in this General Declaration and in any supplementary forms required to be presented with this General Declarationn are complete, exact and true to the best of my knowledge and that all trugh passengers will continue/have contiued on the flight.

SIGNATURE _____

Authorized Agent or Pilot-in-Command