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|  | **FUERZA AÉREA COLOMBIANA** | **Código:** | **OA-JEM-FR-004** |
| **FORMATO SOLICITUD SOBREVUELO EN ESPACIO AÉREO NACIONAL Y/O ATERRIZAJE DE AERONAVES DE ESTADO EXTRANJERAS** | **Versión N°:** | **01** |
| **Vigencia:** | **15-08-2018** |

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| Señor General | | |  |  |  | |
| Comandante Fuerza Aérea Colombiana | | | |  |  | |
| Bogotá D.C | | | | Fecha : |  | |
| **INFORMACION GENERAL** | | | | | | |
| PAIS SOLICITANTE | | |  | | | |
| TELEFONO-FAX | | |  | | | |
| **INFORMACION DEL VUELO** | | | | | | |
|  | | | | | | |
| Lapso Solicitado | | |  | | | |
| Propósito del Vuelo | | |  | | | |
| Itinerario | | |  | | | |
|  | | | | | | |
| **Aeronaves Propuestas Para el Vuelo** | | | Matricula | Tipo de Aeronaves | Indicativo de Llamadas | |
| Principal | | |  |  |  | |
| Alternas | | |  |  |  | |
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| **DESCRIPCION DE LA RUTA** | | | | | | |
| Aeródromo de salida | | |  |  |  | |
| Punto y hora de ingreso a Colombia | | |  |  |  | |
| Ruta propuesta en Colombia | | |  |  |  | |
| Punto y hora de salida de Colombia | | |  |  |  | |
| Aeródromo de destino | | |  |  |  | |
| Aeródromos alternos | | |  |  |  | |
| **EN CASO DE INGRESO A UN AERÓDROMO MILITAR MARCAR CON X** | | | | | | |
| Ingreso a rampa militar |  | Pernocta en rampa militar | | | |  |
| Nombre de la (s) rampa militar: | | | | | | |
| **INFORMACION DE LA TRIPULACION** | | | | | | |
|  | | | | | | |
|  | | | Nombre | | Identificación | |
| Piloto | | |  | |  | |
| Copiloto | | |  | |  | |
| Declaro que las Aeronaves Propuestas no están armadas, no transportan explosivos, municiones no otras aeronaves a bordo, no tienen instalado a bordo equipos de aerofotografía ni sistemas de vigilancia, seguimiento y alerta temprana o cualquier otro equipo de detección, no transportan mercancías peligrosas de conformidad con lo establecido en el anexo No.18 del convenio de Chicago de la Organización de Aviación Civil Internacional, no está activado de reaprovisionamiento de combustible en vuelo, no está activado el equipo de inteligencia técnica o electrónica. | | | | | | |
| Firma Solicitante | | |  |  |  | |
|  | | |  |  |  | |
| Nombre Solicitante | | |  |  |  | |

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|  | **COLOMBIAN AIR FORCE** | **Code:** | **OA-JEM-FR-004** |
| **REQUEST TO FLIGHT IN THE NATIONAL AIR SPACE OR FOREIGN STATE AIRCRAFT TAKEOFF** | **Version N°:** | **01** |
| **Validity:** | **07-08-2018** |

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| General | |  | |  |  | |
| Colombian Air Force Commander | | | |  |  | |
| Bogotá D.C | | | | Date: |  | |
| **GENERAL INFORMATION** | | | | | | |
| REQUESTING COUNTRY: | |  | | | | |
| TELEPHONE – TELEFAX | |  | | | | |
| **FLIGHT INFORMATION** | | | | | | |
|  | | | | | | |
| Period requested: | |  | | | | |
| Purpose of the flight: | |  | | | | |
| Itinerary: | |  | | | | |
|  | | | | | | |
| **Aircrafts Proposed for the Flight** | | Registry | | Type of aircraft | Callsign (c/s) | |
| Principal | |  | |  |  | |
| Alternates | |  | |  |  | |
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| **ROUTE DESCRIPTION** | | | | | | |
| Airport of departure | |  | |  |  | |
| Time and point of entry into Colombian territory | |  | |  |  | |
| Route proposed for Colombia | |  | |  |  | |
| Time and point of exit from Colombian territory | |  | |  |  | |
| Airport of destination | |  | |  |  | |
| Alternate airports | |  | |  |  | |
| **IN CASE OF ENTERING A MILITARY AIRPORT MARK WITH X** | | | | | | |
| Entering a military ramp |  | | Staying in military ramp | | |  |
| Name of military ramp: | | | | | | |
| **CREW INFORMATION** | | | | | | |
|  | | Name | | | Identification | |
| Pilot | |  | | |  | |
| Copilot | |  | | |  | |
| I declare therein that the Proposed Aircrafts are unarmed, not carrying explosives, ammunition, or other aircraft on board; that they do not carry any aerial photography equipment or any type of systems for the purposes of surveillance, monitoring, early alarm, or tracking on board; that they do not transport hazardous good or materials according to Annex 18 of the Chicago Convention on International civil Aviation; that they are not fitted for inflight supply of fuel; and that their systems (whether technical or electronic) are not activated. | | | | | | |
| (Signature of the applicant) | |  | |  |  | |
|  | |  | |  |  | |
| Name of the applicant | |  | |  |  | |