

Company Name		Preferred Method of Communication	
Country	City	Handling Request	<input type="checkbox"/> Fax <input type="checkbox"/> SITA <input type="checkbox"/> AFTN
Address		Flight Following	<input type="checkbox"/> Fax <input type="checkbox"/> SITA <input type="checkbox"/> AFTN
Website		Flt Plan/Weather	<input type="checkbox"/> Fax <input type="checkbox"/> SITA <input type="checkbox"/> AFTN
ZIP CODE	P.O. Box	Do you provide the following services or are they contracted through another entity?	
Communication Available		Aircraft Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		DE-ICING	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Fax	Aviators Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile		Lavatory / Water Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARINC or SITA		Tug / Tow Tractor / FMC	<input type="checkbox"/> Yes <input type="checkbox"/> No
AFTN		Air Stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency		High Loader	<input type="checkbox"/> Yes <input type="checkbox"/> No
After Hours Phone Number and Names of Individuals to Contact During Emergency		Main Deck Loader	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone	Air Start	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile		Bag Loader	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agent Operating Hours	UTC	Ground Power Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Air Conditioning Cart	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES

THIS INFORMATION IS FOR THE SOLE USE OF OUR COMPANY AND WILL BE TREATED CONFIDENTIALLY AND WILL NOT BE SOLD. THERE IS NO COST OR CHARGE FOR SUBMITTING THIS INFORMATION. THE PURPOSE OF THIS INFORMATION IS TO ASSIST OUR OPERATIONS, FLIGHT PLANNING AND WEATHER DEPARTMENTS IN CONTACTING YOUR ORGANIZATION FOR ASSISTANCE WITH TRIPS FOR OUR CLIENTS, FILLING FLIGHT PLANS, ARRANGING FUEL AND PROVIDING OTHER SERVICES.