

GALWAY AIRPORT APPLICATION FORM – OUT OF HOURS (Page 1)

AIRCRAFT REGISTRATION/TAIL NUMBER		AIRCRAFT TYPE		MAXIMUM TAKE OFF WEIGHT - KGS	
DATE /ETA/FROM			DATE /ETD/TO		
HOME AERODROME:					
NAME OF REGISTERED OWNER/OPERATOR:					
NATURE OF FLIGHT MIL <input type="checkbox"/> SAR <input type="checkbox"/> MEDIVAC <input type="checkbox"/> CHARTER <input type="checkbox"/> OTHER <input type="checkbox"/>					
ADDRESS:					
SIGNED: _____ for Registered Owner/Operator					
DATE:					

For GWY Use Only:

THIS PERMISSION IS VALID - FROM:		TO:
UNLESS PREVIOUSLY REVOKED.		
AIRPORT THAT THIS PERMISSION IS VALID FOR:		GALWAY, GWY/EICM
Cost of OOH's Extension		€

SIGNED: _____ Date: _____
For Corrib Airport Ltd T/A Galway Airport Version: 01 January 2010

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INSTRUCTIONS FOR APPLICATION OF OUT OF HOURS (OOH) FORM

- Landing charges will be paid at the rates and under the conditions applicable as published. Further information can be obtained from the Finance Department, Galway Airport on 091 755569.
- Applicants are advised that the normal turnaround time to process an OOH application is 24 hours.
- Scheduled Operators, Military, Search and Rescue and short notice Medical evacuations will be facilitated on short notice subject to operational availability
- Applicants are advised that failure to advise the Airport Authority of a flight cancellation a minimum of 1 Hour prior to the published closing hours of the Airport will incur the Full Charges for the OOH extension originally requested. Please advise ATC at 00353 91 - 755569 of any changes to OOH requests.

METHOD OF PAYMENT:

For all Non Account Holders, Payment is required by Credit Card

- (a) **Credit Cards** – Visa/Mastercard/Eurocard/American Express are accepted. Payment can be arranged via telephone, email ops@galwayairport.com and are accepted at GWY airfield. Should you wish to pay by this method, **please refer below.**

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Eurocard	<input type="checkbox"/> American Express
CARD NUMBER:			
CARD ISSUE NUMBER (If Embossed):			
START DATE / EXPIRY DATE:			
SECURITY CODE:			
CARDHOLDER'S NAME & TELEPHONE NUMBER			
ADDRESS:			
Postcode:			
I authorise Galway Airport to charge my credit card account for landing and other associated charges incurred.			
AUTHORISE SIGNATURE:			

Office Use Only:

Date Received: _____

Approved? * YES/NO

Date Processed: _____

MAIL and/or FAX

Corrib Airport Ltd T/A Galway Airport

* Delete As Appropriate
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