CHARTER NOTIFICATION FORM

DANE COUNTY REGIONAL AIRPORT MADISON

CHARTER BEGINNING:

** PLEASE BE SURE TO PROVIDE AS MANY SPECIFIC DETAILS AS POSSIBLE**

AIRCRAFT ARRIVAL

DATE: _____ TIME: _____
Please use 24-hour time format

AIRCRAFT DEPARTURE

DATE: _____ TIME: _____
Please use 24-hour time format

GROUND OPERATIONS BY: _____ GATE # or RAMP: _____

ENPLANED: _____ DEPLANED: _____

CHARTER END:

AIRCRAFT ARRIVAL

DATE: _____ TIME: _____
Please use 24-hour time format

AIRCRAFT DEPARTURE

DATE: _____ TIME: _____
Please use 24-hour time format

GROUND OPERATIONS BY: _____ GATE # or RAMP: _____

ENPLANED: _____ DEPLANED: _____

GROUND TRANSPORTATION: YES ☐ NO ☐ TYPE: _____

COMPANY PROVIDING GROUND TRANSPORTATION: _____

SCREENING REQUIRED: YES ☐ NO ☐ FOOD SERVICE: YES ☐ NO ☐

PROVIDED BY: _____ PROVIDED BY: _____

CHARTER DESTINATION: _____ ARRANGING AGENT: _____

NAME OF OPERATOR / CARRIER / TELEPHONE: _____

ADDRESS: _____

AIRCRAFT TYPE: _____ MAXIMUM GROSS LANDING WEIGHTS: _____

REPORTED BY: _____ DATE FORM COMPLETED: _____
(name, title, & company)

OTHER CHARTER INFORMATION (please provide the purpose of the trip and as many specific details as possible to help us provide exceptional service):