

George F. L Charles Airport

Telephone: (758) 452-1156
Fax: (758) 452-1180

INDEMNITY FORM-A

| The fo | llowing information is to be included when submitting indemnity document: |
|--------|---|
| 1. | Operator: |
| 2. | Aircraft Registration No.: |
| 3. | Aircraft Type: |
| | Maximum take off weight: |
| 5. | Aircraft ICAO Classification Code: |
| 6. | Point of Departure: |
| 7. | Date and estimated arrival time at George F. L. Charles Airport: |
| | |
| 8. | Departure date and time: |
| 9. | Destination: |
| | Name and Title |
| | Signature |