Airport Coordination Ltd - Slot Swap Request Form

Airport Coordination Limited

Airport _____ Season _____ Date _____

Operator / Flight Number		Arr/Dep	Time Held	Time Reqd	Time after Swap	Date Range: From - To		Days of Operation	Aircraft Type	Aircraft Seats	Routing: Orig Dest / Last Next		Service Type	Terminal

Additional Comments _____

_____

Reason for Swap

- ☐ Lease
- ☐ Return
- ☐ Sale
- ☐ Temporary
- ☐ Permanent
- ☐ Joint Op
- ☐ Improvement Only

Price _____

Airline Authorisation (Please print name)

Airline: _____ Authorised Representative: _____ Signature _____

Airline: _____ Authorised Representative: _____ Signature _____

Airline: _____ Authorised Representative: _____ Signature _____

Airline: _____ Authorised Representative: _____ Signature _____

For ACL to complete

Coordinator Authorisation (Please sign and print name) _____ Date _____ Signature _____

Coordinator Comments _____

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