



Busselton Margaret River Airport
 Locked Bag 1, Busselton WA 6280
 Ph: (08) 9754 2333
 Email: Flight.Operations@busselton.wa.gov.au
 Web: www.busselton.wa.gov.au



FLIGHT OPERATIONS APPROVAL FORM/SINGLE (ADHOC) SERVICE

OPERATOR DETAILS			
Operator/Owner:			
Contact Person:			
Contact Number:			
Email:			
AIRCRAFT DETAILS			
Aircraft Type:			
Aircraft Registration:			
Aircraft MTOW:			
ACN:			
Tyre Pressure:			
PROPOSED MOVEMENT SCHEDULE			
Date & Time Arrival:			
Date & Time Departure:			
Origin Port:	To Busselton Margaret River Airport		
Transiting Port/s:			
TYPE OF OPERATION			
Open Charter	Closed Charter	GA	Other (Specify Below)
Aircraft <20,000 kgs	Aircraft >20,000 to 50,000 kgs		Aircraft >50,000 kgs
Use of Terminal Facilities: Yes	No		
Number of Passengers in:		Number of Passengers out:	
Security Classification: Open Charter	Closed	GA	Security Screening: Yes No
Additional Information:			



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GROUND HANDLING SERVICES

It is the operators' responsibility to arrange Ground Handling, Check-In and Refuelling, if any or all are required. The contact details of the relevant agents are listed below.

Ground Handling Agent: South West Aviation Services : **0421 151 236**

Jet A1 Fuel is available central apron Bay 8. Pressure & over-wing. Air BP carnet card only – self serve bowser.

AvGas available central apron bay. Air BP carnet card only – self serve bowser.

Airport Reporting Officer/Refuellers on 0417 928 916.

If any directions are required upon arrival please contact Busselton Ground on CTAF 127.00

ACCEPTANCE DECLARATION

By submitting this request you confirm and agree:

- That the information provided on this form is true and correct;
- You will comply with Busselton Margaret River Airport's Conditions of Use; and
- You agree to pay all costs incurred as per The City of Busselton, adopted schedule of Fees and Charges

Applicant Signature: Date:

Please note: This form is only a request to lodge a flight. Once the request is received, the Airport Reporting Officer must provide a confirmed approval note before any flight operations take place. This request must be lodged no later than one (1) business days prior to proposed date of aircraft movement.

OFFICE USE ONLY / OPERATORS NOTE APPROVAL AND APRON BAY ASSINMENT ON FORM RETURN

Flight Operation Request Approved: Yes No

Apron Bay Assigned: S1 S2 S3 S4 C8 C9 C10 C11

Ground Handling/Marshalling Services Confirmed Yes No

Request Approved by: Date:

NMP Approvals

Outside of NMP Operational Hours Yes No

If Yes, is this a NMP non-conforming activity Yes No

CEO or Delegate Sign Off received Yes No