JAMAICA CIVIL AVIATION AUTHORITY

Flight Authorization Request Form

Operator Information

Name of Operator:

Email Address:

Aircraft Information

Aircraft Type:

Tail Number/Registration Mark:

Operation Details

Depart from (ICAO Code):

Arrive at (MKJS/MKJP/MKBS):

Date of Arrival (In Jamaica):

Estimated Time of Arrival (in Jamaica):

Date of Departure (from Jamaica):

Passengers/Crew Details

Number of Passengers
        Inbound:
        Outbound:
Number of Crew:

Type of Operation:
        Technical Stop
        Private Flight
        Positioning Flight
        Medical Evacuation
                Direction

Travel Authorization(s) received: Yes/No

Notes:
   (a) Ministry of Health Pre-authorization of Passengers' Entry Required for <u>all passengers and crew disembarking in Jamaica.</u> Please visit http://jamcovid19.moh.gov.jm/immigration.html
   (b) It is important that all questions are answered and the completed form along with travel authorization(s), as required, emailed to erlicensing@jcaa.gov.jm