

Attachment 4**Passenger List**

Date of Application: Aircraft Model: Takeoff Location: Pilot :

Date of Operation Applied:

Name of Airline Company: Flight No.: Landing Location: Copilot :

No.	Name	ID No.	Date of Birth	Gender	Employer and Job Title	Insurance and Amount	Airline Signature
1							
2							
3							
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18							

Remarks	<p>Form completion and affidavit:</p> <ol style="list-style-type: none"> 1. For passengers that are staff members of the applying airline company, the insurance field can be omitted. The airline company shall vouch for the authenticity of the rest of the registered information or will be held for any legal responsibility entailed. 2. For passengers that are employees of the unit authorizing the operation, the airline company shall vouch for all registered information or will be held for any legal responsibility entailed. 3. For passengers aboard the aircraft for air sightseeing, the Employer and Job Title field can be omitted. The unit authorizing the operation or the travel agency shall vouch for the authenticity of the rest of the registered information or will be held for any legal responsibility entailed. Passenger information can be submitted to the airport before takeoff. 4. Any change to this list should be submitted to the airport and the operator or manager of the private airfield in concern before takeoff. 	
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