Annex I to the Regulations on Establishment of Temporarily Established Segregated Area of the Republic of Lithuania

(The applicant, full name of applicant, phone and fax numbers, e-mail)

To the State Enterprise "Oro navigacija" Tel.: +370 706 94 582; +370 706 94 583

Fax: +370 706 94 579 E-mail: amc@ans.lt

APPLICATION FOR TEMPORARILY ESTABLISHED SEGREGATED AREA

	20_	No	
		(date)	
1.	(Purpose of reservation)		
2.	(Aircraft type (-s), registre	ation mark (-s))	
3.	(Nationality to be specified	ed for a state aircraft)	
	(Person responsible for organising flights: name, surname, phone, fax, e-mail)		
4.	(Requested horizontal coordinates (geographic) or designation of controlled airspace)		
5.	(Requested vertical limits	in feet above mean sea level o	r in flight levels)
6.			
7.	(Date and hours of planned operation (UTC))		
8.	(Aerodrome of departure and arrival)		
9.	(Aircraft navigation and c	communication aids)	
	(Other information)		
Note : A in adva		ed to the State Enterprise "Oro	o navigacija" not later than 8 workdays
	(Position)	(Signature)	(Name's first letter, surname)