#### AÉROPORT ORLÉANS LOIRE-VALLEY

**45550 SAINT DENIS DE L’HOTEL**

**TEL : 02 38 46 33 33 FAX : 02 38 59 11 59**

**N° URGENCE : 02-38-46-33-35**

**PREAVIS DOUANE**

**CUSTOMS FORM**

**(DEMANDE D’OUVERTURE D’AERODROME AU TRAFIC INTERNATIONAL)**

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| DEMANDE D’ARRIVEE |  |  | DEMANDE DE DEPART |  |
| ARRIVAL REQUEST |  | DEPARTURE REQUEST |

**(Cocher la case correspondante-** **Tick the appropriate box)**

**Date (**date of flight**):**

**Heure Locale (**local time):

**Propriétaire (**Owner**) :**

**Immatriculation (**Registration**):**

**Type d’avion (**Type of aircraft**):**

**Numéro de vol (**Flight number**):**

**Provenance (**Provenance**):**

**Aéroport (**Airport**):**

**Pays (**Country**):**

**Nature du vol (**Type of flight**):**

**Date (**Date of flight**):**

**Heure Locale (**Local time**):**

**Propriétaire (**Owner)**:**

**Immatriculation (**Registration)**:**

**Type d’avion (**Type of aircraft)**:**

**Numéro de vol (**Flight number**):**

**Destination (**Destination)**:**

**Aéroport (**Airport)**:**

**Pays (**Country)**:**

**Nature du vol (**Type of flight)**:**

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| PASSAGERS PASSENGERS | **X** |  | FRET CARGO |  |

**(Cocher la case correspondante-** **Tick the appropriate box)**

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|  | | EQUIPAGE / CREW | | | | ARR | DEP |
| NOM (NAME) | PRENOM (FIRST NAME) | | NATIONALITE (NATIONALITY) | **DATE**  **NAISSANCE**  ( DOB ) | **N°PASSEPORT/CI** (PASSPORT N°/CI) |  |  |
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|  | PASSAGERS / PASSENGERS | | | |  |  |
| NOMNAME | PRENOMFIRST NAME | PAYSNATIONALITY | **DATE NAISSANCE**  ( DOB ) | **N°PASSEPORT/**  **CI**  PASSPORT N°/CI | ARRIVEEARRIVAL | DEPARTDEPARTURE |
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**OBSERVATIONS :**