

Diplomatic Clearance Ireland



Embassy TPN/ Reference number		File number (for internal use only)	
If this is an amendment to a previous request, please enter the former TPN/reference number			

AIRCRAFT			
1	Requesting state		
2	Blanket clearance reference (if applicable)		
3	Type of aircraft		
4	Aircraft registration number		
5	Callsign		
FLIGHT DETAILS			
6	Date of flight		
7	Purpose of flight		
8	Country and airport of departure		
9	Country and airport of destination		
10	Number of crew members	Military <input type="checkbox"/>	Civilian <input type="checkbox"/>
11	Number of passengers	Military <input type="checkbox"/>	Civilian <input type="checkbox"/>
12	VIP title /rank and name		
Complete EITHER Section A OR B			
A. LANDING			
13	Airport of landing in Ireland		
14	E.T.A.		
15	E.T.D.		
16	Purpose of Landing		
B. OVERFLIGHT			
17	Entry point and E.T.A. into Irish Airspace		
18	Exit point and E.T.D. from Irish Airspace		

FURTHER INFORMATION		
19	<p><i>Confirm the following statements by placing an 'x' in the box, if applicable</i></p> <p>i) This flight is not engaged in the carriage of any dangerous goods OR</p> <p>ii) Permission is being sought for the carriage of any dangerous goods on board AND</p> <p>iii) Goods concerned conform to the latest edition of the ICAO Technical Instructions for the Safe Transport of Dangerous Goods by Air.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
20	<p><i>Confirm the following statements by placing an 'x' in the boxes</i></p> <p>This flight will be unarmed</p> <p>This flight will not carry arms</p> <p>This flight will not carry ammunition</p> <p>This flight will not carry explosives</p> <p>This flight will not engage in intelligence gathering</p> <p>This flight will not form part of a military operation or exercise</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
21	REMARKS / ANY OTHER RELEVANT INFORMATION	
POINT OF CONTACT		
22	Name	
23	Telephone number	
24	E-mail	
25	Fax	

Date:

Stamp issuing state

Signature:

Name printed:

Position/title: