

Application for Clearance To Fly Onboard The Atmospheric Research Aircraft – BAe 146-301 ARA – G-LUXE

Form No. A1

Revision: v.1.11

Date: March 2024
Pages: 1 of 2

TO BE COMPLETED BY APPLICANT

Please tell us your full na	ame, as it's written on your passpo	ort:	
Surname:		First Name:	
Other Names:			
Address:			
		Postal Code:	
Email:			
Contact Number:			
	Organisation you're working for o	r represent, so tha	t we can verify your request for access to fly:
Which Organisation* do you Work For*/Represent*			
Organisation Address:			
		Postal Code:	
Organisation Contact Name:			
Organisation Contact Number:			
Organisation Contact Email:			
Please tell us about the	campaign or campaigns / projects	you're working on	, that require you to access the aircraft:
Campaign/Project Name:			
Start Date		Expected Completion Date	
Please provide us with y	our passport details. If you have n	nore than one pass	port, please provide details of both passports:
Passport Number **		Passport Expiry Date	
Passport Nationality		Passport Issuing Country	
Dietary Requirement	Please advise of any specific diet	tary requirement o	or food allergy.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Applicants Signature			Date:
			-

Completed form and associated paperwork to be forwarded to Airtask Group Ltd, Regus House, Fairbourne Drive, Atterbury, Milton Keynes, MK10 9 RG.

^{*} Please note that a formal letter on headed paper required from the named organisation confirming proof of employment or study with said organisation must accompany this application.

^{**} Photocopy of passport page to accompany application. Passport size photograph required which can be sent in electronically email to Airtask ARA Operations (ara.ops@airtask.com) If unable to provide a photograph, then by arrangement a photograph can be taken by Airtask.



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 $A in task\ to\ send\ application\ form\ only\ to\ FAAM:\ doug. and erson @faam. ac.uk\ or\ oliver. middleton-dodd @faam. ac.uk\ or\ annalisa. a mode o @faam. ac.uk\ for\ countersigning.\ No\ attachments\ will\ accompany\ the\ application.$

TO BE COMPLETED BY FAAM

Authorised Signatory					
Name:					
Cranfield Airport Airside P	ass Required: <u>YES / I</u>	NO*			
If Yes, Airtask will provide	the applicant with a C	ranfield Airpoi	I rt Airside Pass applic	ation and arrange the nece	essary on-line training
course.					
I confirm that the abo	ove applicant is require	ed to fly on the	e ARA;		
Signature				Date:	
Completed form to be ema	iled to Airtask ARA O	perations (<u>ara</u>	.ops@airtask.com	<u>m</u>)	
*Record as appropriate.					
TO BE COMPLETED BY	AIDTACK CDOUD I	TD			
TO BE COMPLETED BY	AIRTASK GROUP L	<u>LID</u>			_
Date Received:			Date Approved:		
Ramp Safety Passed (IOSH) Yes / No*		Airtask ID Number		- 1
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If Airport airside pass requ					f online course completed
with Resource Training. An email will be generated to the applicant.				send Cranfield Airport Pass application to applicant.	
Airtask ID holders list upda	ited Yes / No*				
Signature for Airtask Grou	р			Date:	
Name of Airtask Signatory					
*Record As Appropriate					