

KENYA CIVIL AVIATION AUTHORITY

MONTHLY STATISTICS REPORTING FORM – AERIAL WORK

Airline:.....

Month Year.....

Base of operation:

Submission date:.....

Address:.....

Airline Contact Person (Full Names):..... Tel:..... Email:.....

AIR TRANSPORT MONTHLY RETURNS								
	Type of Service: 1. Aerial Work (International) 2. Aerial Work (Domestic)							
Date (dd/mm)	Aircraft		Area of work		Type of Service	Type of work <i>(e.g., banner towing, crop dusting, aerial survey etc.)</i>	Aircraft Hours Flown	Distance Flown (Kms)
(A)	Type (B)	Regn. (C)	From (D)	To (E)	(F)	(G)	(H)	(I)
Total								

- NOTES:** (i) Fill in all details for each area i.e, operation by type of work
(ii) Please indicate the type of service in **column F** by specifying the numbers 1 or 2 as defined in the table
(iii) Please use additional sheets as required
(iv) Attach a copy of current schedule of charges for each type of work

Returns prepared by (Full Names):.....

Sign:.....