



PORTUGUESE CIVIL AVIATION AUTHORITY

AUTHORIZATION REQUEST FOR THE TRANSPORT OF FORBIDDEN OBJECTS IN CABIN BAGGAGE

Chairman of the Board of INAC,

With reference to point 4.4.2 of the Commission Regulation (EU) no. 185/2010, of 4 March 2010, for the purpose of presentation at security checkpoints, I, identified below, request authorization to carry the following articles in cabin baggage:

PERSONAL INFORMATION				
*Full Name				
*ID / Passport no.		*Date of issue		*Expire date
*Issued by				
Full address				
CONTACT INFORMATION (a)				
Phone no.		Mobile no.		Fax no.
E-mail address				
*Type of authorization	<input type="checkbox"/> Temporary (b)		<input type="checkbox"/> For a specific flight	
SPECIFIC FLIGHT INFORMATION (c)				
Airline				
Origin		Destination		
<input type="checkbox"/> Departure only		<input type="checkbox"/> Arrival and departure		
Flight Arrival Information				
Flight no.		Date		Hour
Airport of Arrival				
Flight Departure Information				
Flight no.		Date		Hour
Airport of Departure				
DESCRIPTION OF THE ITEM(S)				
Description of the item(s) to be carried in cabin baggage				
<input type="checkbox"/> Medication in liquid form		<input type="checkbox"/> Device used to inject medication		
<input type="checkbox"/> Food in liquid form		<input type="checkbox"/> Other(s);		
Description of the item(s)			Quantity(ies)	
1 -				
2 -				
3 -				
4 -				
Attached documents	1 -			
	2 -			
	3 -			

Signature

Date and location:

* - Required fields.

a) It must include one contact no. and fax no. or e-mail.

b) Shall be in accordance with the medical declaration signed by a certified physician.

c) This field is required when using this type of authorization for a specific flight.