**FUERZA AÉREA SALVADOREÑA**

**ESTADO MAYOR GENERAL DE LA FUERZA AÉREA**

**USO DE PISTA**

**PGC EL JAGÜEY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SOLICITANTE** | |  | | | | | | | | | | | | | | | | | **N° DUI** | | |  | | | | | | | | | | | **FECHA** | |  | | |
| **DATOS DE LA TRIPULACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PILOTO** |  | | | | | | | | **N° LICENCIA** | | | | |  | | | | | | **FECHA**  **VENCIMIENTO** | |  | | | | | | | **CERTIFICADO MÉDICO** | | | |  | | **FECHA**  **VENCIMIENTO** | |  |
| **COPILOTO** |  | | | | | | | | **N° LICENCIA** | | | | |  | | | | | | **FECHA**  **VENCIMIENTO** | |  | | | | | | | **CERTIFICADO MÉDICO** | | | |  | | **FECHA**  **VENCIMIENTO** | |  |
| **TRIPULANTE** |  | | | | | | | | **N° LICENCIA** | | | | |  | | | | | | **FECHA**  **VENCIMIENTO** | |  | | | | | | | **CERTIFICADO MEDICO** | | | |  | | **FECHA**  **VENCIMIENTO** | |  |
| **TRIPULANTE** |  | | | | | | | | **N° LICENCIA** | | | | |  | | | | | | **FECHA**  **VENCIMIENTO** | |  | | | | | | | **CERTIFICADO MÉDICO** | | | |  | | **FECHA**  **VENCIMIENTO** | |  |
| **TRIPULANTE** |  | | | | | | | | **N° LICENCIA** | | | | |  | | | | | | **FECHA**  **VENCIMIENTO** | |  | | | | | | | **CERTIFICADO MÉDICO** | | | |  | | **FECHA**  **VENCIMIENTO** | |  |
| **DATOS DEL VUELO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MATRICULA DE LA AERONAVE** | | |  | | | | | | | **TIPO DE AERONAVE** | | | | | |  | | | | | | | | **COLOR** | | |  | | | | | | | | | | |
| **PROPÓSITO DEL VUELO** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ADIESTRAMIENTO** | | |  |  | | | **ATERRIZAJE** | | | | | |  | |  | **PERNOCTAR** | | | | | | | | | | |  | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SOBREVUELO** | | |  |  | | | | **T. DE PERSONAL** | | | | |  | |  | **T. DE CARGA** | | | | | | | | | | |  | | ANEXAR  MANIFIESTO DE VUELO | | | |
| **FAVOR INDICAR SI TRANSPORTA MERCANCIAS PELIGROSAS Y DE QUE TIPO.** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| **MERCANCIAS PELIGROSAS** | | | | | | | | | | | | | |  | |
| **EXPLOSIVOS** | | | | | | | | | | | | | |  | |
| **CORROSIVOS** | | | | | | | | | | | | | |  | |
| **INFLAMABLES** | | | | | | | | | | | | | |  | |
| **TOXICOS** | | | | | | | | | | | | | |  | |
| **RADIOACTIVOS** | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| **HORA (LOCAL) Y FECHA PREVISTA** | | |  | **ARRIVO** | | |  | | | |  | | | | | **SALIDA** | | | |  | | |  | | | | | **FECHA** | | | | | |  | |  | |
| **LUGAR DE SALIDA** | | |  | | | | | | | | | | | | | | | **LUGAR DE LLEGADA** | | | | | | | | | | | | |  | | |  | | | |
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| **PASAJEROS** | | |  | | | | | | | | | | | | | | | | | | | | | | | **NACIONALIDAD** | | | |  | | | | | | | |
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| **ESPACIO PARA LA FUERZA AÉREA SALVADOREÑA.** | | **OFICIAL DE COA** | | | |  | | | | | | | | | | | | | | | | | | | **AUTORIZADO**  **POR:** | | | | | **NOMBRE**  **GRADO**  **CARGO** | | | | | | | |
| **SOLICITUD N°** | | | |  | | | | | | | | | **HORA Y FECHA DE RECIBIDO** | |  | | | | | | | |

COORDINACIONES REALIZARLAS AL:

**TEL: 2250 0070 EXT. 5104**

TEL: 2250 0389

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FIRMA:

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NOMBRE

GRADO

**OFICIAL DE COA**