

Flight Pass Approval Request Form

Name (of claimant)		
First name	Middle name	Last name
Flight Pass Name		
Amount of Flight Pass		Expiry Date of Flight Pass (mm/dd/yy)
Description of Flight Pass (e.g. is it for Atlantic Canada or elsewhere?)		
Name of Individuals Travelling		
First name	Middle name	Last name
Estimate of Travel for this Pass (e.g. five flights to Toronto)		
Additional Comments		
Signature X		Date (mm/dd/yy)

For office use only: Approved ☐ Not Approved ☐ Further information required ☐

Comments: