

Republic of the Philippines

MANILA INTERNATIONAL AIRPORT AUTHORITY

MIAA Administration Building, MIA Road, Pasay City, Metro Manila

LIAA / GENERAL CER. 1. COMINION June 08, 2016 A-SPI-16-0151 RECEWED JUN 08 2016 MEMORANDUM Received by: BEVERLEY TIME: 1123H TO 2 **THE OFFICER-IN-CHARGE** General Services Division FROM THE ASSISTANT GENERAL MANAGER : Airport Development and Corporate Affairs **MEMORANDUM CIRCULAR NO. 06 SERIES OF 2016 - ANNEXES** SUBJECT : (Policy Guidelines for the Recording, Billing and Collection of Aeronautical Fees and Charges)

Relative to MC No. 06 series of 2016, the following are the accompanying annexes which were inadvertently not included in the previously disseminated Circular:

Annex A	-	Application Form for Non-Scheduled Flights
Annex B	-	Daily Flight Operations Report
Annex C	-	Aerobridge Usage Report
Annex D	-	Daily Bus Usage Report
Annex E	-	Dispute / Adjustment Notification / Authorization Form

Please be guided accordingly.

while & bobile **ÁTTY. CECILIO A. BOBILA**

Manila International Airport Authority **APPLICATION FORM FOR NON-SCHEDULED FLIGHTS**

Instructions:

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- Please complete the application form with the instruction provided:
- 1. Applicants are required to fill in all the fields in Section A. Please indicate N.A if not applicable
- 2.
- Incomplete application form will not be processed. Fax or email the completed form and supporting documents (if any), to the following MIAA offices: 3.

Office Hours (8:00AM - 5:00PM) Office of the AGMO +63 8325956 @miaa.gov.ph

Beyond Office Hours AGOSD +63 8322922 @miaa.gov.ph

For inquiries, please call the Office of: 4.

AGMO : +63 8325956 / +63 8771109 local 4217 AGOSD : +63 8322922 / +63 8771109 local 2878

- All applications will receive an approval / non-approval return notification via fax / email. 5.

Applications shall not proceed until OAGMO / AGOSD returns a fax / email notification with the approval. 6.

S	ECTION A: (To be con	npleted by applicant)
1Flight Details		
	ARRIVAL	DEPARTURE
Date/ Time		
Flight No. (if any)		
A/C Type		
Routing	т.	
No. of crew		
No. of passenger		,
A/C Registry		
A/C Owner/Operator		
A/C MTOW		
Nature of Flight		
Remarks		
For Spec	ial Rate and Exempted, please	e attach supporting documents.
2. Mode of Payment (A	ll banks charges to be I	borne by payee)
Billing	0	Dutright Payment
Air Carrier or Operat	or [Debit / Credit Card Cash

3. Applicant Particular	
Name of Air Carrier or Operato	r
Business Address	
Contact No.	
Fax No:	
Email Address	
4. Appointed Groundhandler	(if applicable)
Name	
Business Address	
Contact No.	
Fax No:	
Email Address	
5. Declaration	
also agree to abide by any ten Aircraft Landing and Take-off time to time with respect to N indemnify MIAA against all c costs (including legal costs or	mation provided in this application form is accurate and true. I ms and conditions set forth in or appended to this application for By-Laws and any condition of use imposed by the MIAA from JAIA Aerodrome. In addition, I agree to settle all charges and laims, losses (including all indirect and consequential losses), a solicitor-client indemnity basis) and expenses of any nature from or out of or in connection with this Agreement.
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ANNEX B MCNO.65.2016



MANILA INTERNATIONAL AIRPORT AUTHORITY APRON MANAGEMENT SERVICE DAILY FLIGHT OPERATIONS REPORT T2 T3 T1 T4

INTE	RNATION] ро	MESTIC		NON-S		Contractor of the other states]					
ITEM	FLIG	HT NO.	ACFT.	ACFT REG.	BAY	STA	INDO	PRKG	STD	DMM	T/OFF	BOUTE	DEMADKE	A/L REP
	ARR	DEP	TYPE	ACFT REG.	DAI	SIA	LNDG	FRAG	STD	RMVL	INOFF	ROUTE	REMARKS	
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2														
$\left(\right)$			1					· · ·						
4			1					· · ·			· · ·	· · · · · · · · · · · · · · · · · · ·		1
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6	**************************************						·			•		:.		
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8							C.					·		
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14														
16													· · · ·	
17														
18														
19											· ·	•		
20						·								

ARR DEP SUB-TOTAL TOTAL

(1st) ____

- SIC/ASIC:

SIGNATURE OVER PRINTED NAME

SIGNATURE OVER PRINTED NAME

(2nd) _____

(3rd) _ SIGNATURE OVER PRINTED NAME



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MANILA INTERNATIONAL AIRPORT AUTHORITY

TERMINAL OPERATIONS GROUP T1

🔲 ТЗ **T**2

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Page

AEROBRIDGE USAGE REPORT

BAY/GATE USED:

DATE:

ITEM	FLIGHT NUMBER	FLIGHT INDICATOR	A/C TYPE	A/C REGISTRY	BRIDGE/S	TACK-IN TIME	AIRLINE REP	TACK-OUT TIME	AIRLINE REP	OPERATOR	REMARKS
1				÷ Ņ.							
2							:			8. 	
3				:							
4									· .		
5											
6								· · ·			
7											
8										4.	
9											
10											
11											
12									•		

Shift-in-Charge(1st)

Shift-in-Charge(2nd)

Shift-in-Charge(3rd)

Checked by:

Section Head (Signature over Printed Name)

Form O-FES-F-C

HNNEX D MC NO. 65. 2016



Republic of the Philippines

MANILA INTERNATIONAL AIRPORT AUTHORITY

Airport Ground Operations and Safety Division Aerodrome Transport Services Section

Aerodrome Transport Services Section

DAILY BUS USAGE REPORT

AIRLINE:

DATE:

FLIGHT DETAILS			TYPES OF SERV	TYPES OF SERVICES (/) OR (X)		CIQ FORMAL	(/) OR (X)				
	1	2	3		1	2	3		1	2	3
BUS BODY NO				INTERNATIONAL			ľ	CUSTOMS			
FLIGHT NUMBER				DOMESTIC				IMMIGRATION			
AIRCRAFT TYPE				TRANSIT				QUARANTINE			
REGISTRY NO			2	SPECIAL EVENTS				TOTAL NO	. OF TRIPS PER	FLIGHT	
ITINERARY				MGMT. RQST.				1	2	3	1
RPA/BAY				ARRIVAL					.		
NAME OF PILOT				DEPARTURE				1			

NO. OF PASSE	NGERS O	N BOAR)	SERVI	CE TIME REND	ERED	CONFIRMED B	ED BY THE AIRLINE REPRESENTATIVE	
1	1	2	3	1	2	3	1	2	3
ADULT :				START	START	START			
INFANT /CHILDREN:									
TOTAL no. of PAX:				END	END	END	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME

DLA		
IJLIA	IARKS :	

Prepared by:

Reviewed By:

COBUS OPERATOR SIGNATURE OVER PRINTED NAME

SECTION HEAD SIGNATURE OVER PRINTED NAME

Manila International Airport Authority DISPUTE / ADJUSTMENT NOTIFICATION / AUTHORIZATION FORM

For Dispute: Airline Portion			For Adjustment Notification: MIAA Portion				
Date:	To: Terminal GAOD AGOSD	From:	To: Accounting Division	From: Ferminal GAOD AGOSD	Date:		

Details	Original Information ("From")	Revised Information ("To")	Remarks or Resolution (MIAA Portion)	Justification of Adjustment (Supporting Documents) MIAA Portion
Date of Flight				
Registry Mark				
Flight Number				
Aircraft Type				
Maximum Take-off Weight				
Landing / Parking Time				
Removal / Take-off Time				
Parking Overtime				
Aerobridge Tack-in				
Aerobridge Tack-out				
Aerobridge Time				
Light Time				
Tunnel / Bay				
No. of Trips (Ramp Bus)	ne general de la montre esta de la desenada que a maneira de antes de antes de antes de la desenada a se			

Justification of Dispute: Airline Portion	Requested / Recommended by:
(Attach supporting documents)	Signature: Name:
	Designation: Head, Billing Section
Requested by:	Authorized by:
Signature:	Signature:
Name: Designation:	Name: Designation:
	Terminal Manager / Manager, Airport Operations Dept.

4	For Accounting	Division use only	
Remarks		Processing Officer	Approving Officer
	Signature / Date		na en
	Name		
	Designation		