

## TRAVEL REQUEST

THIS FORM MUST BE COMPLETED AND SUBMITTED TO KALITTA AIR, LLC. TO OBTAIN TRAVEL AUTHORIZATION. E-mail or fax this form to Kalitta Air, LLC. at least 24 hours before departure (*number shown below*). Include copies of the photo page of your passport; company, military, or government ID; and both sides of your Airman Certificate (if applicable).

KALITTA AIR IS A CARGO AIRLINE AND DOES NOT PARTICIPATE IN THE VISA WAIVER PROGRAM OR THE ELECTRONIC SYSTEM FOR TRAVEL AUTHORIZATION. If traveling to the United States, you <u>must provide a valid visa</u> along with the documentation specified above.

You are responsible for possessing all documentation required for entry into foreign countries (*passport, visas, etc.*). Kalitta Air, LLC. will provide documentation for presentation to the Pilot-In-Command for approved travel. All persons are subject to security screening/searches and other requirements as provided for in the KA General Operations Manual (GOM).

THE PILOT-IN-COMMAND (PIC) HAS THE RIGHT TO DENY BOARDING OF ANY INDIVIDUAL.

## COMPLETE THE FOLLOWING INFORMATION AS IT APPEARS ON YOUR GOVERNMENT-ISSUED IDENTIFICATION.

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS			CITY		
STATE/PROVINCE		COUNTRY		POSTAL/ZIP CODE	
EMPLOYER		JOB TITLE		COMPANY ID #:	
CONTACT TELEPHONE NUMBER - DAYTIME		CONTACT TE	CONTACT TELEPHONE NUMBER - EVENING		
CONTACT E-MAIL AD		CONTACT E-I	CONTACT E-MAIL ADDRESS - SECONDARY		
If Kalitta employe	ee, name of supervisor:				
	GOVERNMENT-	ISSUED IDENTIFICATIO	N INFORMATION		
Passport	Driver's License M	ilitary ID 🗌 Other (specify	/):		
FOREIGN NAT	 TIONALS TRAVELING TO THE U	S. FOR THE PURPOSE OF BUS	INESS MUST SUPPLY U.	S. VISA INFORMATION	
	S Visa, or Resident Alien Card)				
Country of Issua	nce:		Expiration Data:		
-					
Citizenship:		Birth Date:		Gender: M F	
Birth City:	Birth Sta	Birth Country:			
	EMERG	ENCY CONTACT INFOR	MATION		
Contact Name:		Re	Relationship:		
Telephone # - Da	ytime:	Telephone #	- Evening:		
	TRA	/EL REQUEST INFORM	ATION		
Flight:	Date:	Origin:	Destination:		
Flight:	Date:	Origin:	Destination:		
Flight:	Date:	Origin:	Destination:		
Flight:	Date:	Origin:	Destination:		
Reason for Trave	əl:				
KALIT	TA AIR. LLC. FAX: (734)	335-8082			