



<<< FF → ADDRESSEE(S) _____ <<<=

FILING TIME _____ → ORIGINATOR _____ <<<=

SPECIFIC IDENT OF ADRESSEE(S) AND/OR ORIGINATOR _____

<<<= (FPL 7 AIRCRAFT IDENTIFICATION **D - C M E T** 8 FLIGHT RULES **I** TYPE OF FLIGHT **X** <<<=

9 Number _____ TYPE OF AIRCRAFT **FA20** WAKE TURBULENCE CATEGORY **M** 10 EQUIPMENT **S H I R W X Y / S** <<<=

13 DEPARTURE AERODROME **BIKF** TIME **1430** <<<=

15 SPEED **N0420** LEVEL **F360** → ROUTE **KFV 63N020W 64N019W DCT ASKJA G2 KFV**

16 DESTINATION AERODROME **BIKF** TOTAL EET HR **03** MIN **30** ALTERNATE AERODROME **BIAR** → 2nd ALTERNATE AERODROME _____ <<<=

18 OTHER INFORMATION **DOF / 161015**
OPR/ DLR GERMAN AEROSPACE CENTER
RMK/ NAWDEX RESEARCH FLT ICELAND PERM NO 16073047 IOM
REQ/ TO CIRCLE WITHIN BOX 65N019W 65N015W 64N015W 64N019W
APPX 0220 HRS COORDINATED WITH ICELAND ATC PBN/A1B1S1) <<<=

19 ENDURANCE SUPPLEMENTARY INFORMATION EMERGENCY RADIO
 HR MIN **E / 04 50** → PERS. ON BOARD **P / 5** → R / **U U V E**

SURVIVAL EQUIPMENT
 → **S** / **X** **X** **M** **X** **J** / **L** **F** **U** **V**

DINGHIES
 → **D** / **2** → **10** → **C** → **ORANGE** <<<=

AIRCRAFT COLOUR AND MARKING
A / White / Blue Stripe

REMARKS
 → **X** / _____ <<<=

PILOT IN COMMAND
C / WELSER) <<<=

SIGNATURE OF PILOT OR REPRESENTATIVE _____ SIGNATURE AIS _____ REMARKS NOT FOR TRANSMISSION _____

Additional remarks if applicable
 Available until EOBT Tel.: +49 172 1461656
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Request Briefing 3+