

TRAVEL REQUEST

Doc.: EF-035 Rev.: 5

Date: 08-23-22

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 I	FOLLOWING INFORMATION	N <u>AS IT APPEARS ON YOUR (</u>	GOVERNMENT-ISSUE	D 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 ADD	DRESS - PRIMARY e, name of supervisor:	CONTACT E-I	CONTACT E-MAIL ADDRESS - SECONDARY		
			Expiration Date:		
Citizenship: Birth City: Birth State:			Birth Country:	Gender: M F	
		SENCY CONTACT INFOR			
Contact Name:	LIMENC		lationship:		
Telephone # - Daytime:		Telephone #	Telephone # - Evening:		
	TRA	VEL REQUEST INFORMA	ATION		
Flight:	Date:	Origin:	Destination	:	
Flight:	Date:	Origin:	Destination	:	
Flight:	Date:	Origin:	Destination	:	
Flight:	Date:	Origin:	Destination	:	
Reason for Trave	l:				

KALITTA AIR, LLC. FAX: (734) 335-8082