

**APPLICATION FOR
EXEMPTION FROM SPECIAL LANDING REQUIREMENTS (OVERFLIGHT)**

Please Print or Type

CHECK ALL THAT APPLY:

OVERFLIGHT: TERM SINGLE DATE OF SINGLE (MM/DD/YYYY): _____
 AMENDMENT RENEWAL NO CHANGE DELETION

CBP USE ONLY	
APPROVED _____	
DENIED _____	
DATE _____	

APPLICANT NAME AND ADDRESS

<p>1. APPLICANT OR COMPANY NAME AND ADDRESS (Use Full Legal Name)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>IRS NO. _____ SURETY NO. _____</p> <p>PHONE _____ FAX _____</p>	<p>2. NAME OF OPERATOR (IF LEASED OR DIFFERENT FROM #1) (Use Full Legal Name)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>IRS NO. _____ SURETY NO. _____</p> <p>PHONE _____ FAX _____</p>
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AIRCRAFT INFORMATION (if additional space is needed, provide attachments)

3. Tail Number	4. Country of Registration	5. Serial Number	6. Make/Model/Series	7. Color Scheme	8. Current CBP Decal #

INTENDED AIRPORT(S) OF USE - NAME & CODES (if additional space is needed, provide attachments)

9. Arrival Airport(s) Name & City/State	10. Arrival Airport Code	11. Foreign Airport(s) Departure Name	12. Foreign Airport(s) Departure Code

PILOT/CREW INFORMATION (if additional space is needed, provide attachments)

13. Pilot/Crew Name & Address: (Use Full Legal Name)	14. DOB (mm/dd/yyyy)	15. SEX	16. Citizenship Place of Birth	17. Passport and /or Doc #	18. Social Security # (optional)	19. Pilot License #

USUAL OR ANTICIPATED PASSENGERS (if additional space is needed, provide attachments)

20. Name & Address: (Use Full Legal Name)	21. DOB (mm/dd/yyyy)	22. SEX	23. Citizenship Place of Birth	24. Passport and /or Doc #	25. Social Security # (optional)

USUAL OR ANTICIPATED CARGO (if additional space is needed, provide attachments)

26. List Usual Cargo or Baggage

SIGNATURE AND STATEMENT OF OWNER/APPLICANT

I hereby certify that all the information given on this application is true and complete, and I authorize U.S Customs and Border Protection to perform whatever checks are necessary to verify my eligibility for, and compliance with 19 CFR 122. I acknowledge that I have read the rules of this program and agree to abide by them. I understand that significant penalties may be incurred by my business and/or me personally for non-compliance.

To the best of your knowledge has anyone on this application ever been convicted of any Federal, State, Military or Foreign Crime or Offense other than Traffic Violations in this country or elsewhere? (Violations that occurred prior to a person's 16th birthday may be excluded).

YES, Attach Explanation NO

This aircraft used with this Overflight Exemption (if approved) will be equipped with a Class "C" Transponder. The aircraft will be operated above 12,500 feet during normal flight conditions unless ordered to fly at a lower attitude by FAA flight controllers and IFR flight rules will apply when arriving from foreign ports. The U.S. Customs and Border Protection Port of first intended landing will be notified in advance (24 hours or other local arrangements). The aircraft must be available for inspection by CBP anytime. If the applicant has entered into a time-share or lease agreement with a particular aircraft, by signing below the applicant agrees to having full operational control of the aircraft and all passengers, cargo, and crew that are being transported.

27. Owner Signature/ApplicantSignature	28. Date	29. Notary or CBP Officer's Signature (OVERFLIGHT)	30. Date

Mail Application to: U.S. Customs and Border Protection
 Attn: Overflight Desk
 69 Terminal B
 Newark IAP
 Newark, NJ 07114

This application must be renewed every **two (2) years** (bi-annual) for the "Term" Overflight program.

PAPERWORK REDUCTION ACT NOTICE: Paperwork Reduction Act says the information collected on this application is needed to carry out the Customs and Immigration laws of the United States. We need the information to insure that applicants meet the criteria established to participate in the U.S Customs and Border Protection Overflight Exemption as per 19 CFR 122.25. The information collected will be stored in a computer database for tracking purposes. Your response is required to obtain the benefits of participation in the program. Statement required by 5 CFR 1320.21: The estimated average burden associated with collection of information is 20 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799, 9th Street, NW, Washington 20229.

PRIVACY ACT NOTICE

We are required by the Privacy Act to provide you with the following information: The authority for requesting the information is 5 USC 301 Treasury Department Order #165 revised as amended. Providing the information is mandatory for Private Aircraft Operators/ Passengers to participate in the CBP Overflight Program. The information or data may be given to federal, state or local law enforcement agency when CBP becomes aware of violations or possible violations of civil or criminal law; to a federal agency when conducting an investigation for security reasons, or to a court. If data or information is not provided, applicant(s) will not be approved to participate in the program.