



**BORDER POLICE CLEARANCE FORM FOR SPECIAL AIRPORT OBERPFAFFENHOFEN (EDMO)**

appendix to PPR Request for entry/exit from/to outside "Schengen"- Area (to EDMO OPS, FAX +49 8153 8817 2875)

<b>AIRCRAFT REG:</b>		<b>INBOUND-FLIGHT TO EDMO:</b>	DATE OF FLT:		AD OF DEP:	
		<b>OUTBOUND-FLIGHT FROM EDMO:</b>	DATE OF FLT:		AD OF DEST:	

**CREW**

IN	OUT	SURNAME (Nachname)	GIVEN NAME(S) (Vorname)	DATE OF BIRTH	NAT.	PASSPORT NR.	EXPIRING DATE	if applicable: VISA NR.	VISA EXP. DATE
(please mark with a cross)									

**PASSENGERS**


"Schengen"-States: Austria, BENELUX, Denmark+Greenland, Finland, France, Germany, Greece, Iceland, Italy, Norway, Portugal, Spain, Sweden

Remarks: \_\_\_\_\_