

**DES MOINES INTERNATIONAL AIRPORT (DSM)**

**CHARTER OPERATION LOG**

**(MUST BE COMPLETED & SUBMITTED TO AIRPORT OPERATIONS PRIOR TO FLIGHT OPERATION)**

_____	_____
<b>Aircraft Operator or Military Branch</b>	<b>Contact Name For Billing Information</b>
_____	_____
<b>Billing Address (Street or P.O. Box)</b>	<b>Billing Contact Telephone Number</b>
_____	_____
<b>Billing Address (City/State/Zip)</b>	<b>V.I.P. Information</b>

**(AIRCRAFT PARKING WILL NOT BE APPROVED WITHOUT COMPLETED BILLING INFORMATION)**

_____	_____	_____			
<b>Aircraft Type/ Model</b>	<b>Flight Number</b>	<b>Aircraft Tail Number</b>			
_____	_____	_____			
<b>Company Notifying Operations</b>	<b>Ground Handler</b>	<b>Ticketing</b>			
_____	_____	_____			
Origination	Date	ETA (DSM)	GATE	PAX Deplane	<input type="checkbox"/> Yes <input type="checkbox"/> No Sterile
_____	_____	_____	_____	_____	_____
Destination	Date	ETD (DSM)	GATE	PAX Enplane	<input type="checkbox"/> Yes <input type="checkbox"/> No Sterile
_____	_____	_____	_____	_____	_____

<b>REQUIREMENTS</b>	<b>Yes / No</b>
Passenger Screening	<input type="checkbox"/> <input type="checkbox"/>
Checked Baggage Screening	<input type="checkbox"/> <input type="checkbox"/> (Required For All Public Charters)
Bag Claim	<input type="checkbox"/> <input type="checkbox"/>
Ticket Counter	<input type="checkbox"/> <input type="checkbox"/>
Overnight (RON)	<input type="checkbox"/> <input type="checkbox"/>
Gate Hold Room	<input type="checkbox"/> <input type="checkbox"/>
Loading Bridge	<input type="checkbox"/> <input type="checkbox"/>
Special Vehicle Gate Security Access	<input type="checkbox"/> <input type="checkbox"/> (Vehicle Gate) _____
Parking Position Assistance	<input type="checkbox"/> <input type="checkbox"/>
NOTAM	<input type="checkbox"/> <input type="checkbox"/>

<b>AIRPORT OPERATIONS USE ONLY</b>
Information Received from: _____
Information Reported by: _____
Date: _____

**OPERATOR NOTIFICATION LIST (FAX GROUP DIAL LIST #3)**

<input type="checkbox"/> Finance/Administration	<input type="checkbox"/> Parking Lot Manager
<input type="checkbox"/> Airport Operations	<input type="checkbox"/> LEO
<input type="checkbox"/> Security Checkpoint	<input type="checkbox"/> Signatory Carriers
<input type="checkbox"/> Transportation Security Administration	<input type="checkbox"/> _____
<input type="checkbox"/> Restaurant Manager	<input type="checkbox"/> _____

REMARKS: \_\_\_\_\_

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