



THE GAMBIA CIVIL AVIATION AUTHORITY  
ATS FLIGHT PLAN

REF: ATS COPY  
AFTN: GBYDZPZX  
DATE: -15/06/23

PRIORITY  
FF

ADDRESSEE(S)

FILING TIME

ORIGINATOR

SPECIFIC IDENTIFICATION OF ADDRESSEE(S) AND /OR ORIGATION

3 MESSAGE TYPE

7 AIRCRAFT IDENTIFICATION

8 FLIGHT RULES

TYPE OF FLIGHT

9 NUMBER

TYPE OF AIRCRAFT

WAKE TURBULENCE

10 EQUIPMENT & CAPABILITIES

13 DEPARTURE AERODROME

TIME

15 CRUISING SPEED

LEVEL

ROUTE

16 DESTINATION AEROFROME

TOTAL EET  
HR.MIN

1ST ALTN AERODROME

2ND ALTN AERODROME

18 OTHER INFORMATION

STS/

PBN/

DOF/

NAV/

COM/

DAT/

DEP/

DEST/

SUR/

EET/

REG/

SEL/

OPR/

ORGN/

PER/

RMK/

TYP/

DLE/

RIF/

CODE/

RVR/

ALTN/

TALT/

19

ENDURANCE  
HR.MIN

PERSON ON BOARD

EMERGENCY RADIO

UHF

VHF

ELBA

U

V

E

SURVIVAL EQUIPMENT

POLAR

DESERT

MARITIME

JUNGLE

JACKETS

LIGHT

FLUORES

UHF

VHF

DINGHIES

NUMBER

C APACITY

COVER

COLOUR

D /

AIRCRAFT COLOUR AND MARKINGS

A /

REMARKS

N /

PILOT- IN-COMMAND

C /

FILED BY

SPACE RESERVED FOR ADDITIONAL REQUIREMENTS

PILOT/REPRESENTATIVE:

Name.....

Signature:.....

AIS/M PERSONNEL

Name: - .....

Signature: - .....

RESERVED FOR

ADDITIONAL

INFORMATION