

General Declaration

mandatory fields marked with *

SUBMITTER

Last Name*	First Name*	Telephone*	E-mail Address*
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AIRCRAFT

Registration*	Type*	Model	Home Base
Owner/Operator* (not pilot)	Crew contact telephone*	Is this General Declaration replacing a previously submitted version* Yes No	Physical person Company

If Physical person

Last Name*	First Name*	Street	Number	Postal Code	City	Country
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If Company

Company Name*	Street	Number	Postal Code	City	Country
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FLIGHT DETAILS TO/FROM Luxembourg (ELLX) according to Flight Plan*

Arrival in Luxembourg	Departure from Luxembourg
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If Arrival

Airport <u>& country</u> of origin*	Arrival Date*	Arrival time (UTC)*	Arrival time (local time)*
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(Remark: indicate the airport from which this flight originates - start of Flight plan)

If Departure

Airport <u>& country</u> of destination (non Schengen)*	Departure Date*	Departure time (UTC)*	Departure time (local time)*
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If you have any questions regarding this form, please do not hesitate to contact the Airport Police Unit (UPA) via e-mail upa.gendec@police.etat.lu or call +352 244 185 040

DECLARATION OF HEALTH

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight

Any other condition on board which may lead to the spread of the disease

Details of each disinfecting or sanitary treatment (place, date, time, method) during the flight. If no disinfecting has been carried out during the flight, give details of most recent disinfecting

DANGEROUS OR POLLUTING GOODS

I confirm that all statements and particulars contained in this General Declaration are complete and true to the best of my knowledge and that all transit passengers will continue on the flight.*

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