

General Declaration

				mandatory	y field	is marked with	*				
SUBMITTER											
Last Name*		First Name*				Telephone*		E-mail Addro	E-mail Address*		
AIRCRAFT		_!							ļ		
Registration* Typ		Type*	Type*			Model		Home Base	Home Base		
Owner/Operator* Crew contact t		tact teleph			Is this General Declaration replacing a previously submitted version*			Physical person			
						Yes No		Com		Company	
If Physical person											
Last Name* First Name* Street			Street			Number	Number Postal Code		City		Country
If Company	•		•			•	•	•			
Company Name*	Street			Number	Post	al Code	City	City		Country	
FLIGHT DETAILS TO/FROM I	.uxembourg (I	ELLX) accor	ding to Fl	ight Plan*	!		•				
Arrival in Luxembourg Departure from Lux			rom Luxem	bourg							
If Arrival											
Airport & country of origin*			Ar	Arrival Date*			Arrival time (UTC)*			Arrival time (local time)*	
(Remark: indicate the airport f start of Flight plan	rom which this	fligh t origin	ates -				•				
If Departure											
Airport & country of destination (non Schengen)*				Departure Date*			Departure time (UTC)*		C)*	Departure time (local time)*	

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

Site

General Aviation Terminal

Crew border crossing

Yes

No

Zone Délimitée, please clarify exact location (for example: gas station)

Please contact Airport Police Unit after landing/before take off: +352 244 185 040*

CREW LIST

N°	Last Name*	First Name*	Date of Birth*	Place of Birth*	Gender*	Nationality*	Document Type*	Document Number*	Expiry Date*	Country of Issue*	Crew Function*
1											
2											
3											
4											

PASSENGER LIST

N°	Last Name*	First Name*	Date of Birth*	Place of Birth*	Gender*	Nationality*	Document Type*	Document Number*	Expiry Date*	Country of Issue*
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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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