

To : EUROCONTROL, Central Route Charges Office, Unit R3  
Rue de la Fusée 96, B-1130 BRUSSELS (Belgium)  
Fax : +32 2 729 9093 / 9096



From : \_\_\_\_\_

Reference : \_\_\_\_\_ Fax Nr : \_\_\_\_\_

Date : \_\_\_\_\_ Tel Nr : \_\_\_\_\_

E-mail: \_\_\_\_\_

Page..... of .....pages

Subject : **REQUEST FOR AD HOC EUROCONTROL ROUTE CHARGE ESTIMATION**

A/C Type	Weight Factor (As notified by Eurocontrol)	M.T.O.W.	Date of Flight
<input type="text"/>	<input type="text"/> or <input type="text"/>	<input type="text"/>	<input type="text"/>
Dep. Aerodrome:	<input type="text"/>	Dest. Aerodrome:	<input type="text"/>

Route description (according to successive ATC Point designators or Point co-ordinates resulting from Item 15 of the Flight Plan) :

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
7 <input type="text"/>	8 <input type="text"/>	9 <input type="text"/>
10 <input type="text"/>	11 <input type="text"/>	12 <input type="text"/>

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred response mode : E-mail  Fax

Name : \_\_\_\_\_

Signature : \_\_\_\_\_