



PERMISSION PER REQUEST (PPR) FOR LANDING

Instructions: Fill out the Landing Request form and submit with the aircraft's insurance policy. Apply at least one week in advance.

For ground handling services on Saipan, see below. None available on Tinian and Rota.

- POI Aviation - Tel. (670) 288-0038. Email: Aurelia_kretzers@poiaviation.com

All military aircraft must include Joint Region Marianas via the Mariana Islands Range Complex Operations email address provided below.

For landing in SAIPAN:

Francisco C. Ada/Saipan International Airport (PGSN)

Department	Point of Contact/Title	Email	Telephone
CPA Operations	AOA On-call	aoa.saipan@cnmiports.com	670-237-6535 or 670-483-8280
CPA Admin		cpa.admin@pticom.com	670-237-6500
<u>Military aircraft only:</u> JRM MIRC Ops	Airspace Manager	mirco.ops@us.navy.mil	671-349-6472

For landing in TINIAN:

Francisco Manglona Borja/Tinian International Airport (PGWT)

Department	Point of Contact/Title	Email	Telephone
Tinian Airport	Antonio Borja, Tinian Ports Manager	alborja@cnmiports.com	670-433-9294
Tinian Airport	Ms. Natasha Morgan Asst. Ports Manager	nrmorgan@cnmiports.com	670-433-9294
<u>Military aircraft only:</u> JRM MIRC Ops	Airspace Manager	mirco.ops@us.navy.mil	671-349-6472

For landing in ROTA:

Benjamin Taisacan Manglona International Airport (PGRO)

Department	Point of Contact/Title	Email	Telephone
Rota Airport	Patty Beth Hocog, Flight Service Supervisor	cpa.phocog@gmail.com	670-532-9498
Rota Airport	Albert Taitano, Rota Ports Manager	albert.taitano@cnmiports.com	670-532-9497
<u>Military aircraft only:</u> JRM MIRC Ops	Airspace Manager	mirco.ops@us.navy.mil	671-349-6472



Approval No.

REVISED: 03/06/2026

LANDING REQUEST

Specify which location: SAIPAN (PGSN) TINIAN (PGWT) ROTA (PGRO)

1. Requestor's Name and Company: _____
Mailing Address: _____
Email: _____ Phone and Fax No.: _____
2. Name of Local Agent: _____
Address: _____
Phone No.: _____ Fax No.: _____
3. Aircraft Registration No.: _____
4. Type of Aircraft: _____ Check one: Civilian Military
5. Maximum Landing Weight _____ Number of operations _____
6. Name of Insurance Company: _____
(Attach Aircraft Insurance Policy to this form)
Address: _____
Policy No. with a copy of certificate: _____
Phone No.: _____ Fax No.: _____
7. Purpose of Request: _____
8. Date & Time of Arrival: _____
9. Date & Time of Departure: _____
10. Arriving From: _____
11. Departing To: _____
12. Total people on board: _____ Specify: Crew: _____ Passengers: _____
All U.S. Passport holders? _____ If not, pls. specify country: _____
13. Fuel upon: Arrival Departure No fuel needed.
Gallons: _____ Nozzle head location: _____
14. Fuel/Garbage/Sewer Arrangements made with: Local Agent _____ CPA _____

Approved By: _____ Date: _____

OPERATIONS SUPERVISOR or AIRPORT MANAGER