



**COMMONWEALTH PORTS AUTHORITY**  
**PERMISSION PER REQUEST (PPR) FOR LANDING**

Instructions:

1. Fill out the Landing Request form.
2. Submit the form below with the aircraft's insurance policy. Apply at least one week in advance.

Ground handling services on Saipan, see below. **None available on Tinian and Rota.**

1. POI Aviation - Tel. (670) 288-0360 Email: [Aurelia\\_kretzers@poiaviation.com](mailto:Aurelia_kretzers@poiaviation.com)

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Submit the form to:

**For landing in SAIPAN:**

Francisco C. Ada/Saipan International Airport (PGSN)  
CPA Website: [www.cnmiports.com](http://www.cnmiports.com)

Department	Point of Contact and Title	Email	Telephone	Fax
CPA Operations	AOA On-call	aoa.saipan@cnmiports.com	670-237-6535 or 670-483-8280	670-234-5962
CPA Operations	Lee Monkeya, Acting Operations Supervisor	lmonkeya@cnmiports.com	670-237-6500	670-234-5962

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**For landing in TINIAN:**

Francisco Manglona Borja/Tinian International Airport (PGWT)  
CPA Website: [www.cnmiports.com](http://www.cnmiports.com)

Department	Point of Contact and Title	Email	Telephone
CPA Tinian	Antonio L. Borja, Tinian Ports Manager	alborja@cnmiports.com	670-433-9294
CPA Tinian	Natasha Morgan, Asst. Ports Manager	nrmorgan@cnmiports.com	670-433-9294

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**For landing in ROTA:**

Benjamin Taisacan Manglona International Airport (PGRO)  
CPA Website: [www.cnmiports.com](http://www.cnmiports.com)

Department	Point of Contact and Title	Email	Telephone
CPA Rota	Patty Beth Hocog, Flight Service Supervisor	cpa.phocog@gmail.com	670-285-3608 or 670-532-9498
CPA Rota	Albert Taitano, Rota Ports Manager	albert.taitano@cnmiports.com	670-532-9498



**LANDING REQUEST FORM**

Approval No. \_\_\_\_\_

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

1. Requestor's Name and Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ 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, please specify: \_\_\_\_\_
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