



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. Pacific Airport Services (PAS) - Tel. (670) 235-4000 Email: leila@pas-saipan.com
2. POI Aviation - Tel. (670) 288-0360 Email: 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

Email	Fax	Telephone
AIR OPERATIONS AREA		
aoa.saipan@cnmiports.com	670-234-5962	670-237-6535 or 670-483-8280
ALTERNATE CONTACTS: ADMINISTRATION		
cpa.admin@pticom.com	670-234-5962	670-237-6500/01

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For landing in TINIAN:
Tinian International Airport (PGWT)
CPA Website: www.cnmiports.com

Email	Fax	Telephone
TINIAN MANAGER		
alborja@cnmiports.com	670-433-0790	670-433-9294 or 670-433-9295
ALTERNATE CONTACT: ASST. TINIAN MANAGER		
gkcrisostomo@cnmiports.com	670-433-0790	670-433-9294 or 670-433-9295

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For landing in ROTA:
Benjamin Taisacan Manglona International Airport (PGRO)
CPA Website: www.cnmiports.com

Email	Fax	Telephone
ROTA FLIGHT SERVICE		
cpa.phocog@gmail.com	670-532-9499	670-285-3608
ALTERNATE CONTACT: ROTA MANAGER		
sharlene.manglona@cnmiports.com	670-532-9499	670-532-9497



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