

JAMAICA CIVIL AVIATION AUTHORITY

**Flight Authorization Request Form**

**Operator Information**

Name of Operator:

Email Contact:

**Aircraft Information**

Type of Aircraft:

Registration/Tail Number:

**Operations Details**

Date of Travel:

Time of Arrival:

Port of Arrival:

Port of Departure:

**Ministry of Health Pre-authorization of Passengers' Entry**

(<https://jamcovid19.moh.gov.jm/immigration.html>)

Number of Passengers:

Conditional Approval Received:

Date of Conditional Approval:

NB. It is important that all questions are answered and the completed form emailed to [erlicensing@jcaa.gov.jm](mailto:erlicensing@jcaa.gov.jm)