



CANPASS - CORPORATE AIRCRAFT

A link to the Portable Document Format (PDF) of this form is provided below. The content of the form is duplicated in HTML following the PDF link.
[PDF \(1.5 Mb\)](#) [\[help with PDF files\]](#)

Please print. We will not accept incomplete applications.

1. Preferred language ▶ English French

COMPANY INFORMATION

2. Company Name

3. Address

Province/State

Postal/Zip Code

Country

MAILING ADDRESS (if different from above)

4. Address

Province/State

Postal/Zip Code

Country

PRINCIPAL COMPANY CONTACT

For renewals and administrative purposes.

| | | |
|--------------|------------|---|
| 5. Last name | First name | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms |
|--------------|------------|---|

| | | |
|-------------|--|-----------------|
| 6. Position | 7. Business telephone Ext. | 8. Business Fax |
|-------------|--|-----------------|

TRANSPORTATION OF NON-AUTHORIZED PASSENGERS

As a privilege of their authorization, CANPASS - Corporate Aircraft authorization holders may transport up to four non-authorized passengers per flight. The non-authorized passengers must be travelling to Canada on the corporate aircraft for a business related need of the company, be citizens or permanent residents of Canada or U.S., be non-paying travellers, meet all immigration requirements and meet the CANPASS Corporate Air program qualifications.

FEE PAYMENT

9. There is a CAN\$25 fee per qualified non-authorized passengers on board for this privilege per flight. This fee will be billed to the corporate credit card.

When paying with a credit card you must include a phone number where you can be reached during business hours. The Canadian Processing Centre will contact you at the number provided to obtain your payment information.

Payment will be made using the corporate credit card and I consent to being contacted by the Canadian Processing Centre.

Phone number

E-mail Address

Applicant's name (please print)

Applicant's signature

CERTIFICATION

10. I certify that all information given on this application, and in support of this application, was provided voluntarily and is true and complete.

| | | | |
|---|--------------|-----------|------|
| Person completing this form ▶ | Name (print) | Signature | Date |
|---|--------------|-----------|------|