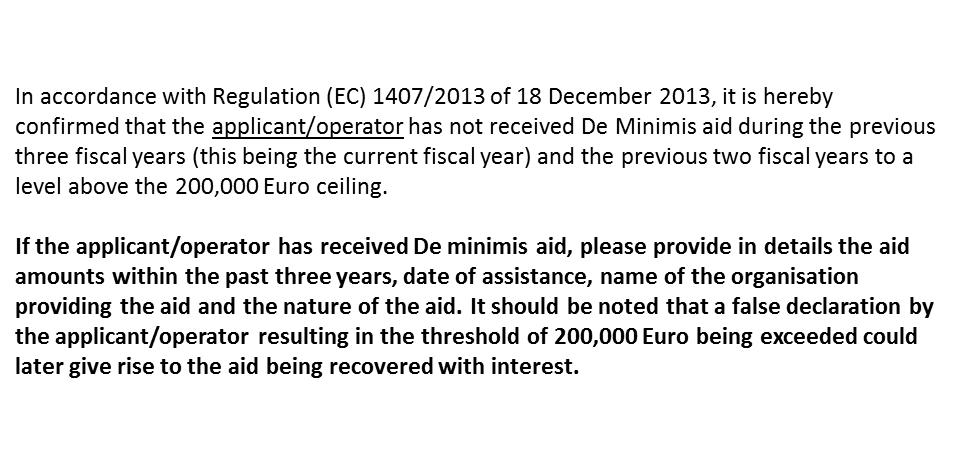
|  |  |  |
| --- | --- | --- |
| **The Icelandic Route Support Fund** | | |
| **Application Form for Route Support for flights to AEY and EGS** | | |
| **Applicant/Operator name** |  |  |
| **Billing Address** |  |  |
| **Route Name** |  |  |
| **Destination ICAO airport code** |  |  |
| **Frequency of Year-round operation** |  |  |
| **Frequency of Seasonal operation** |  |  |
| **Aircraft Capacity** |  |  |
| **Start-up date** |  |  |
| **End date of operation** |  |  |
| **Aircraft Type** | **ICAO type designator** | **IATA type designator** |
|  |  |
|  |  |  |
| **Scheduled** | **Scheduled time of** | **Scheduled time of** |
| **Timings** | **Arrival AEY/EGS** | **Departure AEY/EGS** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |



|  |  |
| --- | --- |
| Aid amounts for the past three years |  |
| Aid provider |  |
| Date of assistance |  |
| Nature of the aid |  |

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Place and date

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On behalf of the applicant/operator