

SAFE CLEARANCE SCHEDULE

PLEASE NOTE: Fill this form out electronically. In order to "SAVE", *please PRINT to PDF.*

AIRPORT			
RECORD NUMBER		DATE	
ISSUED BY		TIME	AM PM
PERSON RECEIVING CLEARANCE			

LINE EQUIPMENT INVOLVED:
DETAILS

TIME COMPLETED	AM	PM
PERSON GRANTING CLEARANCE NAME		
PERSON GRANTING CLEANANCE SIGNATURE		