



## Application for Oxygen Cylinder

If you bring your Oxygen Cylinder to the aircraft cabin or you check-in as baggage, please answer ALL questions as below and send it to Call Center by FAX in 5 days prior to departure date. (within opening hours of Call Center)  
 FAX:0476-27-5605, Opening Time: 09:00~17:30

Date			
Name Initial(s)		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone No: (Land Line)	(Mobile No.)	/ Mail:	
<b>Itinerary / Flight Info</b>			
Date:	Flight No.: IJ	Travel Segment (DEP-ARR): (	--- )
Date:	Flight No.: IJ	Travel Segment (DEP-ARR): (	--- )
<b>PRODUCT / SIZE</b>			
1. Manufacture Name: _____			
2. Product Name : _____			
3. Size: Height _____ cm, diameter _____ cm, gross weight per one _____ kg			
<p>*You can be carrying it in the aircraft up to 70 cm in height, about 10 cm in diameter, and up to 5 kg in total weight per one.</p> <p>*As there are no enough storage spaces under the seat in front, you will need to purchase a ticket for the seat of the Oxygen Cylinders separately. And please bring a tube of sufficient length. to connect.</p> <p>*Please be sure to put the Oxygen Cylinders in appropriate case when you are check-in as a baggage with the carry removed.</p> <p>* Liquid Oxygen Cylinders can not be brought in the cabin and can not be checked-in as baggage.</p>			
<b>Oxygen bottle check items</b>			
<input type="checkbox"/> Certified containers, (displayed with 「 」)			
<input type="checkbox"/> Medical gaseous oxygen, (displayed with 「O2」)			
<input type="checkbox"/> FRP container has not passed more than 15 years since it manufactured.			
How many : Carry-in cabin: _____ / check-in: _____ / total: _____			
<b>【Please inform us of the following if anyone other than the users is filled in this form】</b>			
Name of Person, filled in t : _____			
Company : _____ Dept. _____			