



If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.

Hours Minutes

IMPENDING ARRIVAL REPORT (AIR)

Approved Form Section 64 of the Customs Act 1901

We require this information under section 64 of the *Customs Act 1901* in order to risk assess your aircraft. The information you give may be disclosed to the Australian Quarantine and Inspection Service and Department of Immigration, Multicultural and Indigenous Affairs.

Flight No:	<input type="text"/>	<input type="text"/>	Aircraft Registration:	Reported by ID:
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Last Overseas Departure

Port Code: <i>(UNLocode)</i>	Date: <i>(dd/mm/yyyy)</i>	Time: <i>(hh:mm)</i>
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Estimated Arrival

Port Code: <i>(UNLocode)</i>	Date: <i>(dd/mm/yyyy)</i>	Time: <i>(hh:mm)</i>
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Responsible Party ID:	Responsible Party Name:
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Overseas Routing Port Code(s) *(UN Locodes)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Declaration

I declare that all the particulars contained in this report are complete, exact and true to the best of my knowledge

Date:/...../..... Time:	<table style="width: 100%;"> <tr> <td style="width: 60%;">*Completed by Operator or Authorised Agent:</td> <td style="width: 40%; text-align: right;">*strike out whichever is not applicable</td> </tr> <tr> <td>Name:</td> <td style="text-align: right;">Signature</td> </tr> </table>	*Completed by Operator or Authorised Agent:	*strike out whichever is not applicable	Name:	Signature
*Completed by Operator or Authorised Agent:	*strike out whichever is not applicable				
Name:	Signature				

Contact Details

Name:	Phone Number:
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