AUTHORISATION REQUEST TO CARRY PERSONAL GASEOUS OXYGEN CYLINDER IN THE AIRCRAFT CABIN

To be completed by the passenger

Passenger Name: _____________________________________

Flight Details: _______________________________________

Please provide the following information to obtain authorisation to carry your own gaseous oxygen cylinder in the aircraft cabin. Please note liquid oxygen is not acceptable for carriage.

1. Are you, or your escort, familiar with and competent to use the oxygen equipment?
   ___________________________________________________________________

2. The oxygen cylinder must be from a recognised, reputable company. Please advise the manufacturer name and telephone contact. For UK residents is oxygen provided to you by the NHS?
   ___________________________________________________________________

3. Please advise dimensions of the cylinder (max. weight 5kgs) (height, weight)
   ___________________________________________________________________

4. How many litres of oxygen does your cylinder contain e.g. 320L/450L etc?
   ___________________________________________________________________

5. The pressure of the cylinder must not exceed the maximum of service pressure permitted for the cylinder. Details of this should be provided when the cylinder is purchased (generally seen at 137 bar for example). Please confirm
   ___________________________________________________________________

6. Please confirm how many cylinders will be carried?
   In the cabin: ____________  In the hold (for use on return) ________________

USA ROUTES ONLY

For travel to or from the United States only one cylinder, not exceeding 850 litres, provided by a reputable company is permitted. Please advise the following in addition to the above information:

Does the cylinder have valves? _____________________________________________

Are the valves protected from accidental leakage? ____________________________

Is the cylinder carried in a purpose built case? _______________________________

Signed: _______________________________  Date: ____________________________