

# DE-ICING/ANTI-ICING FORM

Anti-icing fluid used: **TYPE II Clariant Safewing MP II Flight**

<b>AIRLINE:</b>	<b>Date:</b>
-----------------	--------------

Station: **LIPZ/VCE Venezia - Italy**

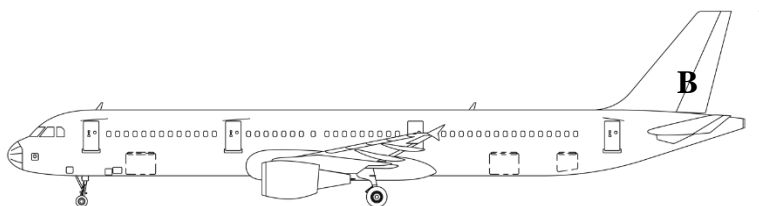
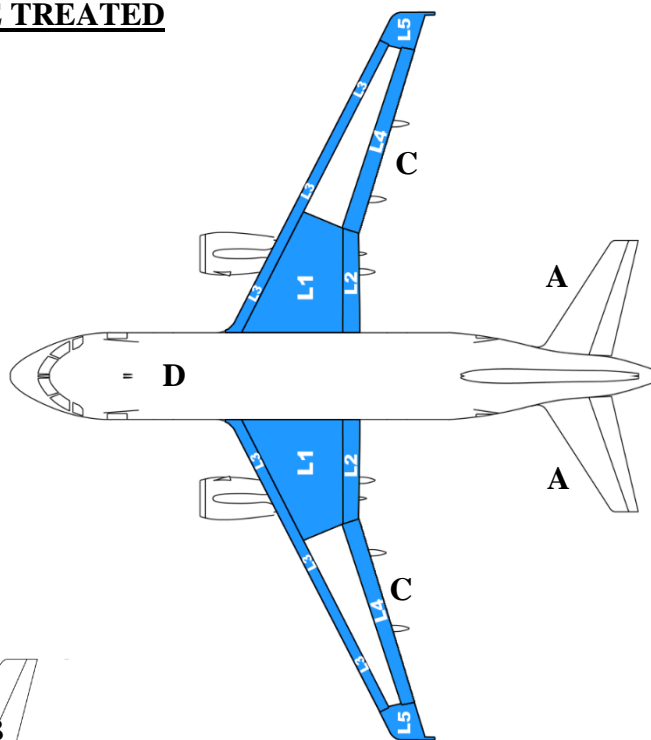
Flight_No.	Aircraft Registration	Aircraft Type	Position

## TREATMENT REQUESTED

<input type="checkbox"/> <b>ONE STEP PROCEDURE</b>  Percentage: <input type="text" value="50 %"/> <input type="text" value="75 %"/> <input type="text" value="100 %"/>	<input type="checkbox"/> <b>TWO STEPS PROCEDURE</b>  Percentage Step I: <input type="text" value="H2O"/> <input type="text" value="25 %"/> <input type="text" value="50 %"/> <input type="text" value="75 %"/> Percentage Step II: <input type="text" value="50 %"/> <input type="text" value="75 %"/> <input type="text" value="100 %"/>
--	--

## SURFACES TO BE TREATED

<b>A</b>	<b>Horizontal stabilizer</b>	
<b>B</b>	<b>Vertical stabilizer</b>	
<b>C</b>	<b>Wings</b>	
<b>D</b>	<b>Fuselage</b>	
<u>OR</u>		
<b>L1-5</b>	<b>Local Area De-Icing to be treated</b>	



**Special instructions** \_\_\_\_\_

<b>AIRLINE</b>	<b>Name of Captain or Airline authorized person</b>	<b>Signature</b>
----------------	---	------------------