



Advance Passenger Information System (APIS)

Please fill out the form below with your Passport / Travel Document Information, as requested.
Make sure to fill out information as it appears on the government issued ID.

Passenger Information (1)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (2)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (3)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Additional Passenger(s) Information

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Passenger Information (4)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (5)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (6)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Destination Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (7)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Additional Passenger(s) Information



Passenger Information (8)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (9)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Passenger Information (10)

First Name	Last Name	Date of Birth (MM/DD/YY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Weight (lbs)	Nationality	Country of Citizenship	Passport Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/DD/YY)	Home Address		
<input type="text"/>	<input type="text"/>		

Please submit the completed form at
info@rmgflightservices.com

Questions or Comments?

Feel free to contact us using one of the methods listed below:

(954) 614-1303

5360 NW 20TH TER.
FT. LAUDERDALE, FL 33309