

Cylinder Requirement for Carry-on or Checked Baggage	Cylinder must not exceed 5kg gross weight. Cylinder must be Medical Oxygen Cylinder filled with oxygen or air. Cylinder must be within validity period. Cylinder must be 70cm or less in length and 10cm or less in diameter.															
Passenger Name	Name: _____															
Flight number Date of boarding	[Outbound] Flight NO: _____ DATE: _____ / _____ / _____ (Connection Flight NO: _____ DATE: _____ / _____ / _____) <hr/> [Inbound] Flight NO: _____ DATE: _____ / _____ / _____ (Connection Flight NO: _____ DATE: _____ / _____ / _____)															
Product Name Size	Product Name: _____ Weight: _____ kg (Must be 5kg or less due to Civil Aeronautic Law in Japan) Length: _____ cm Diameters: _____ cm															
How to store inside cabin	・Cylinder must be stowed under the passenger seat. ・Any cylinder that cannot be stowed under the passenger seat must be tied-down in an adjacent seat, for which you will be charged.															
Number of cylinders	[Outbound] Carry-on _____ + Checked _____ = Total _____ [Inbound] Carry-on _____ + Checked _____ = Total _____															
Check list for the cylinders	<table border="0"> <tr> <td>< Choose Either ></td> <td>< Cylinder Number ></td> <td>< Date of next inspection></td> </tr> <tr> <td>Outbound Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>Outbound Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>Outbound Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>Outbound Inbound</td> <td>_____</td> <td>_____ / _____ / _____</td> </tr> </table>	< Choose Either >	< Cylinder Number >	< Date of next inspection>	Outbound Inbound	_____	_____ / _____ / _____	Outbound Inbound	_____	_____ / _____ / _____	Outbound Inbound	_____	_____ / _____ / _____	Outbound Inbound	_____	_____ / _____ / _____
< Choose Either >	< Cylinder Number >	< Date of next inspection>														
Outbound Inbound	_____	_____ / _____ / _____														
Outbound Inbound	_____	_____ / _____ / _____														
Outbound Inbound	_____	_____ / _____ / _____														
Outbound Inbound	_____	_____ / _____ / _____														
Demand Valve	Use _____ Not Use _____															
Name registrant	Please fill out your information if not the user. Date: _____ / _____ / _____ Company Name: _____ Name: _____ Telephone: _____ we will call you to confirm after received by FAX.															