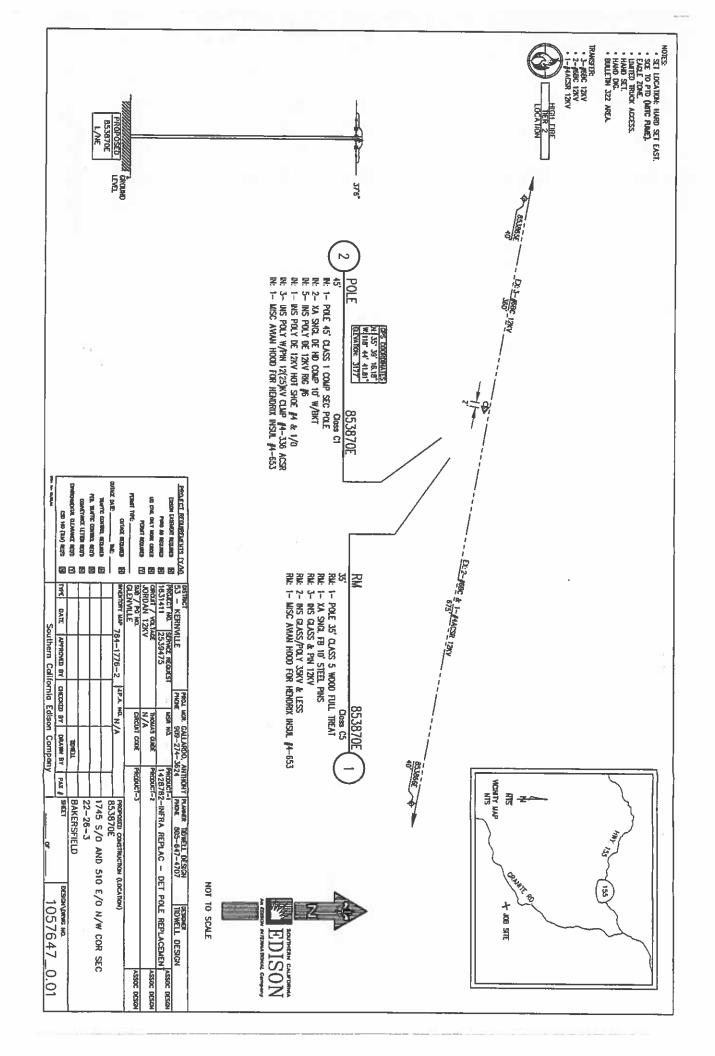


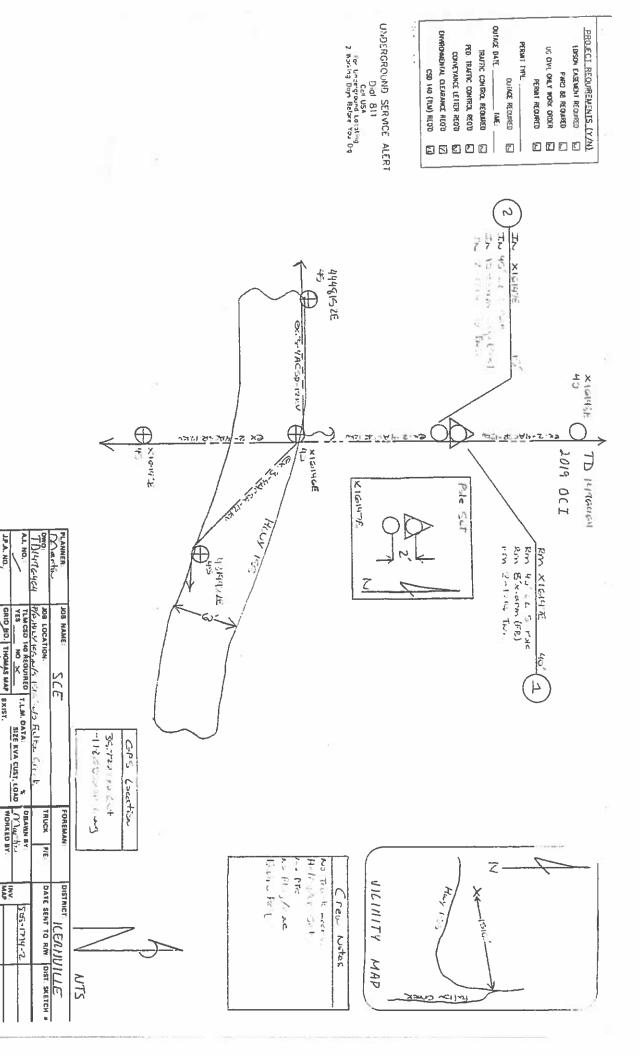
SCE Aircraft Operations Flight Request Form

Instructions: Please complete this form in its entirety and email to: <u>airops@sce.com</u> or fax to 909-974-4678. Once this form is received by Aircraft Operations, you will receive a response within 24 hours. For questions call SCE Aircraft Operations Dispatch at PAX 11676.

Requestor Information

Flight requested by:*	Outsource			
Department:*	Distribution Co	ontractor		
Pax:*				
Cell Number:*	714-342-8613			
Email Address:*	khurley@outs	ourceucc,com		
SAP Accounting Number*	TD1428782,	TD1496464		
		Flight Description	<u>n</u>	
Please choose a mission type	1 t			
		×		
☐ Camera – HD/IR		Line String	X	Pole-set
☐ Crew support		Passenger		Recon
□ External Load		Patrol		Training
□ HEC		Photo		Need more info, please c
NAT-1	D		-1.44	alled America (A.N.)
Mission specific details (ex:	_		-	**
No Passengers. Set 2 pole				
completion of Intake 12kv r	•			additional pole pick up
points will be used for thes	<u>e poles. N</u>	<u>o touchdown requir</u>	red.	· · · · · · · · · · · · · · · · · · ·
General Operating Location		Glenville Area		
District		Kernville		
LZ Coordinates (if known)		35,908896 / -118,480004		
Pick-up location for passenger flights		Pole Pick up points: 35.722230 / -118.685201 and 35.54494 / -118.744974		
Drop-off location for passenger flights		N/A		
Drop-oir ideation for passen	ger inguis	INA		
Date(s) for which service is a	requested	5/29/19		
Time of Pick-up		08:00 Crew Meet @ LZ		
Approx. mission duration (if known)		2-3 hours		
Back-up date for mission (if		2-3 110013		
	MILLAAMI	1		
Dack-up date for imssion (ii				
			<u>-</u>	
Authorizer	-			
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Authorizer Authorizer PAX and cell nu *required information For office use only Date Received by Aircraft Opera Referred to contractor: □ No □	mber ations: Yes, Date:	Com	pany:	Made:
Authorizer Authorizer PAX and cell nu *required information For office use only Date Received by Aircraft Opera Referred to contractor: No Follow up status: Week 1	mber ations: Yes, Date:	Com	pany:	Made:
Authorizer Authorizer PAX and cell nu *required information For office use only Date Received by Aircraft Opera Referred to contractor: No Follow up status: Week 1 Week 2	mber ations: Yes, Date:	Com	pany:	Made:





J.P.A. NO.

GRID BD. THOMAS MAP EXIST.

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VERIFIED: (/)

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