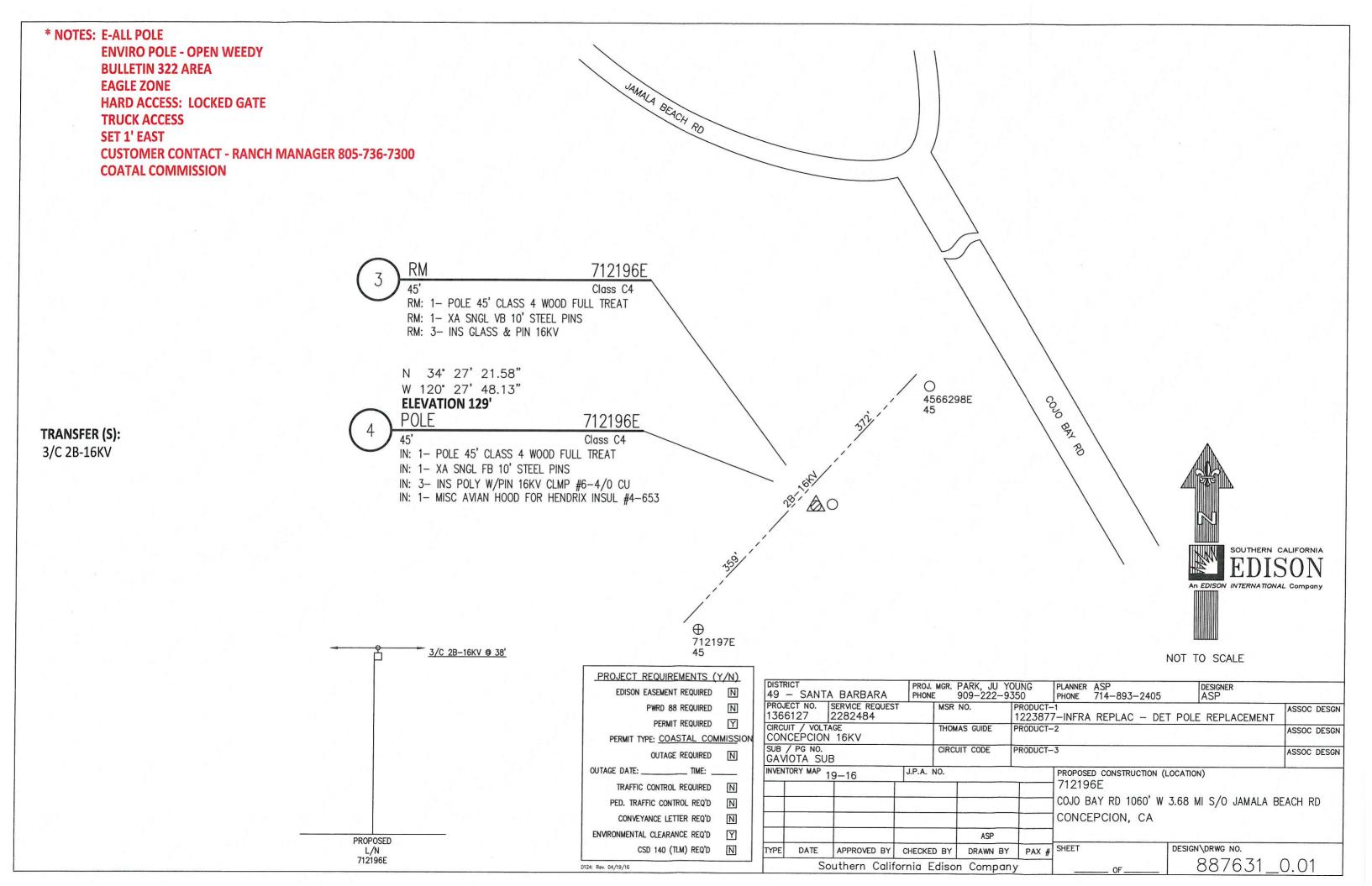


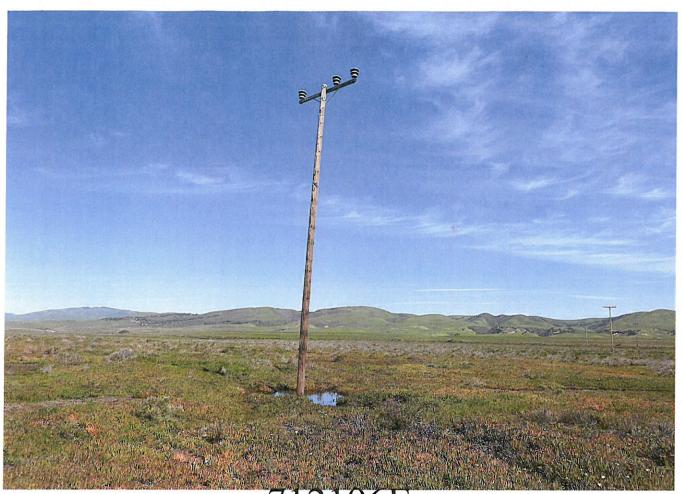
## SCE Aircraft Operations Flight Request Form

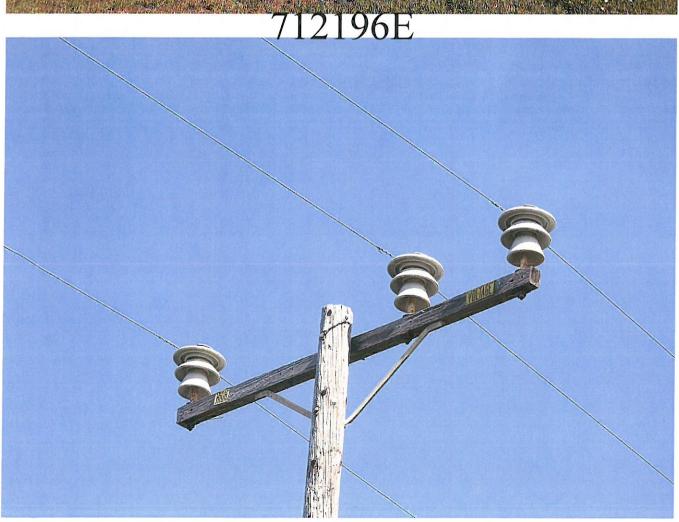
Instructions: Please complete this form in its entirety and email to: <u>airops@sce.com</u> or fax to 909-974-4678. Once this form is received by Aircraft Operations, you will receive a response within 24 hours. For questions call SCE Aircraft Operations Dispatch at PAX 11676.

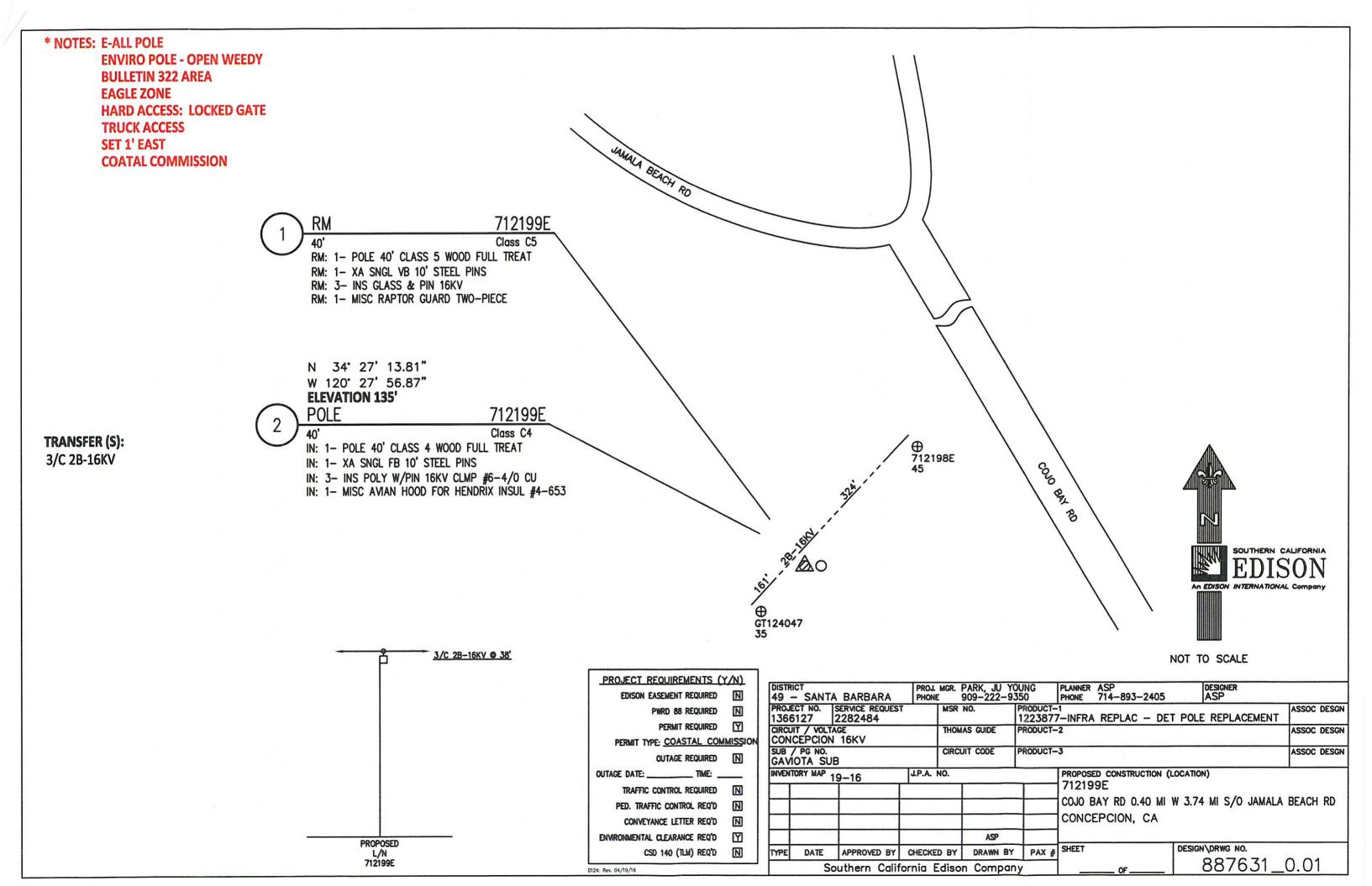
## **Requestor Information**

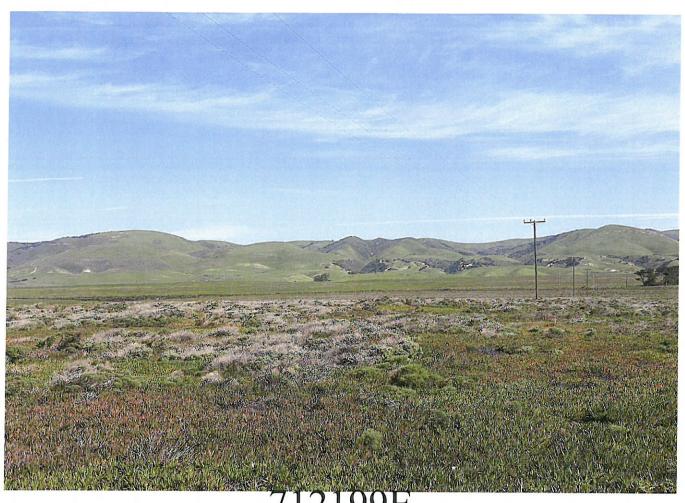
	_			
Flight requested by:*				
Department:*				
Pax:*				
Cell Number:*				
Email Address:*				
CAD Assembling Number's				
SAP Accounting Number*				
		Flight Description	nn -	
Please choose a mission type:				
□ Camera – HD/IR		Line String		Pole-set
□ Crew support		Passenger		Recon
□ External Load		Patrol		Training
$\Box$ <b>HEC</b>		Photo		Need more info, please contact
General Operating Location District LZ Coordinates (if known) Pick-up location for passen Drop-off location for passer  Date(s) for which service is				
Time of Pick-up				
Approx. mission duration (if known)				
Back-up date for mission (if				
1 022 (	,			
Authorizer Authorizer PAX and cell number				
*required information				
□ Week 2		Com	pany:	
□ Week 3				<del>_</del>











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