

SCE Aircraft Operations Flight Request Form

Instructions: Please complete this form in its entirety and email to: airops@sce.com 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 A | | | | |
| SAP Accounting Number* | | | | |
| Please choose a mission type: | | Flight Description | <u>n</u> | |
| □ Camera – HD/IR | | Line String | | Pole-set |
| □ Crew support | | Passenger | | Recon |
| □ External Load | | Patrol | | Training |
| □ HEC | | Photo | | Need more info, please conta |
| General Operating Location District LZ Coordinates (if known) Pick-up location for passenger Drop-off location for passenger | | | | |
| Date(s) for which service is rec Time of Pick-up | quested | | | |
| • | mown) | | | |
| i Addrox, mission duration (If R | | | | |
| Approx. mission duration (if k Back-up date for mission (if k | | | | |
| | | | | |
| | | | | |
| Back-up date for mission (if k | nown) | | | |
| Back-up date for mission (if k | nown) | | | |
| Authorizer Authorizer PAX and cell num *required information For office use only Date Received by Aircraft Operation Referred to contractor: No Yellow up status: Week 1 | ber ons:es, Date: | Comp | oany: | |



