

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 Into	rmatton		
Flight requested by:* gilbert leon		gilbert leon			·	
		tdbu santa bari	Idbu santa barbara dist 49			
Pax:* 75248		75248				
Cell Number:* 805-358-0963						
Email Address:* gilbert,leon@s		ec.com				
SAP Accounting Number* Id 1440429-00		030				
Flight Description Please choose a mission type:						
	Camera – HD/IR		Line String		Pole-set	
	Crew support		Passenger		Recon	
	External Load		Patrol	ā	Trainin	g
	HEC		Photo			ore info, please contact
n/a- 45ft -1100 lbs/ need site insp. prior to job						
General Operating Location			2014 foothill rd san	ta barbara		
District			49			
LZ Coordinates (if known)			not establish			
Pick-up location for passenger flights			n/a			
Drop-off location for passenger flights			n/a			
Date(s) for which service is requested			6-4-19			
Time of Pick-up			tbd			
Approx. mission duration (if known)			4hrs			
Back-up date for mission (if known)						
Antho	winan		T A 11-7 1981-			
Authorizer Authorizer PAX and cell number			Alicia pillado 75203 805 358	P227		
*required information			75203 805 356	5537		THE STATE AND DESCRIPTIONS
For off Date R Referre	ce use only eceived by Aircraft Oper d to contractor: No up status: Week 1 Week 2		Company:			
	□ Week 3					









