



Revised
05/16/19
per G.F.

SCE Aircraft Operations Flight Request Form

PH-4

Instructions: Please complete this form in its entirety and email to: airops@scc.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: *	JOHN WHARTON
Department: *	DIVERSIFIED UTILITY
Pax: *	00000
Cell Number: *	661 884-6051
Email Address: *	whartonj@dsu1.com

SAP Accounting Number *	TD1982 TD1054261 TD1054281 TD1373944 TD1380171 BEAR VALLEY
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TD1362293

Flight Description

Please choose a mission type:

- | | | |
|---|--------------------------------------|---|
| ☐ Camera – HD/IR | ☐ Line String | ☒ Pole-set |
| ☐ Crew support | ☐ Passenger | ☐ Recon |
| ☐ External Load | ☐ Patrol | ☐ Training |
| ☒ HEC | ☐ Photo | ☐ Need more info, please contact |

Mission specific details (ex: Passenger name, pole size/weight, external load type, etc):

Remove / Replace 7 det pole contact see attached sheet for weight and height
contact POSSIBLY NEED JUNE 23,24,25 FOR DIGGING CREW FLIGHT IN G.F.
John Wharton for pre-con mtg

General Operating Location	various locations s/o hwy 38 e/o warmsprings trk rd MT HOME VILLAGE
District	REDLANDS 31#
LZ Coordinates (if known)	N34 05 42 93 W116 56 49 20
Pick-up location for passenger flights	
Drop-off location for passenger flights	

Date(s) for which service is requested	JUNE 26 2019
Time of Pick-up	0730
Approx. mission duration (if known)	
Back-up date for mission (if known)	

Authorizer	PAUL WILLIAMSON SCE PGS
Authorizer PAX and cell number	909 557-0086

*required information



For office use only

Date Received by Aircraft Operations: _____ Date Initial Contact Made: _____

Referred to contractor: ☐ No ☐ Yes, Date: _____ Company: _____

Follow up status: ☐ Week 1

☐ Week 2

☐ Week 3