

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:	







