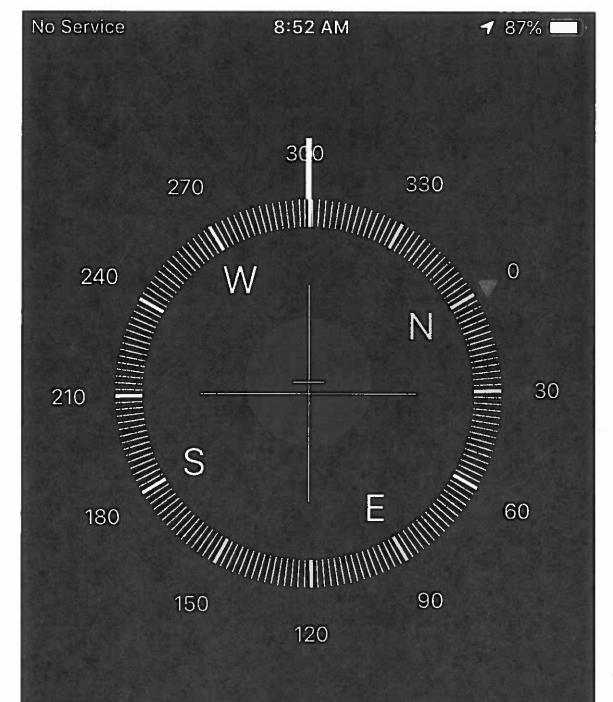


SCE Aircraft Operations Flight Request Form

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:*	Anthony K Ch	avez		
		o service center		
Pax:* 13930				
Cell Number:* 760-447-4327				
Email Address:*	z@sce.com	,		
SAP Accounting Number	 SAP0009	002738135-0010		
		Flight Description	<u>on</u>	
Please choose a mission ty	pe:			
□ Camera – HD/IR		Lina String	-	Pole-set
		Line String	×	Recon
		Passenger Patrol		
				Training
□ HEC		Photo		Need more info, please cont
Mission specific details (ex	· Passanga» ı	nome nolecize/wei	nht ovta	and load type etal.
<u>-</u>	-	· =		
pick up and set emergen			<u>s pour por</u>	e are a 430 CZ the
weight is for both poles is			- 120/40 - A	00.00 AM
want to set poles at the e	nd of flext w	eek on mursuay a	9/30/19 at	06:00 AIVI
General Operating Location		W/O Cardinal Lodge		
District		Bishop CA		
LZ Coordinates (if known)		37°15'02.94" N 118°35'05.81"W elev 8149' / pole sets 37°13'49.86" N		
Pick-up location for passenger flights		N/A / 118"36'02.65"W elev 8488'		
Drop-off location for passenger flights		N/A		
		<u> </u>		
Date(s) for which service is requested		5/30/19 or 5/31/19 if weather permitting please let us know		
Time of Pick-up		08:00 AM		
Approx. mission duration (if known)		1-2 Hrs		
Back-up date for mission (if known)	N/A		
Authorizer		Jon Lum District Manage		W. S. C.
Authorizer PAX and cell r	Pax 13903 Cell 760-709-0422			
*required information				Click to e-mail form
For office use only				
Date Received by Aircraft Ope	erations:	Date Init	ial Contact	Made:
Referred to contractor: No Yes, Date: Company:				
Follow up status: □ Week 1				
□ week 2				
□ Week 3				
Follow up status: Week 1 Week 2				



300° NW

37°15′3″ N 118°35′5″ W 8260 ft Elevation