

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
\Box 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 re Time of Pick-up	quested			
Approx. mission duration (if l	known)			
Back-up date for mission (if k				
		ı		
Authorizer				
Authorizer Authorizer PAX and cell num	ber			
	ber			
*required information For office use only Date Received by Aircraft Operation Referred to contractor: No Yes Follow up status: Week 1	ons:es, Date:	Comp	oany:	



