

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:*	

SAP Accounting Number*	
-------------------------------	--

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):

General Operating Location	
District	
LZ Coordinates (if known)	
Pick-up location for passenger flights	
Drop-off location for passenger flights	

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

Authorizer	
Authorizer PAX and cell number	

**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 _____



Work Site

Landing Zone / Staging Site

