

## SCE Aircraft Operations Flight Request Form

**Instructions:** Please complete this form in its entirety and email to: [airops@sce.com](mailto: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

|                              |  |
|------------------------------|--|
| <b>Flight requested by:*</b> |  |
| <b>Department:*</b>          |  |
| <b>Pax:*</b>                 |  |
| <b>Cell Number:*</b>         |  |
| <b>Email Address:*</b>       |  |

|                               |  |
|-------------------------------|--|
| <b>SAP Accounting Number*</b> |  |
|-------------------------------|--|

### Flight Description

Please choose a mission type:

- |                                         |                                      |                                                         |
|-----------------------------------------|--------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Camera – HD/IR | <input type="checkbox"/> Line String | <input type="checkbox"/> Pole-set                       |
| <input type="checkbox"/> Crew support   | <input type="checkbox"/> Passenger   | <input type="checkbox"/> Recon                          |
| <input type="checkbox"/> External Load  | <input type="checkbox"/> Patrol      | <input type="checkbox"/> Training                       |
| <input type="checkbox"/> HEC            | <input type="checkbox"/> Photo       | <input type="checkbox"/> Need more info, please contact |

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

|  |
|--|
|  |
|  |
|  |

|                                                |  |
|------------------------------------------------|--|
| <b>General Operating Location</b>              |  |
| <b>District</b>                                |  |
| <b>LZ Coordinates (if known)</b>               |  |
| <b>Pick-up location for passenger flights</b>  |  |
| <b>Drop-off location for passenger flights</b> |  |

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

|                                       |  |
|---------------------------------------|--|
| <b>Authorizer</b>                     |  |
| <b>Authorizer PAX and cell number</b> |  |

*\*required information*

**For office use only**

Date Received by Aircraft Operations: \_\_\_\_\_ Date Initial Contact Made: \_\_\_\_\_

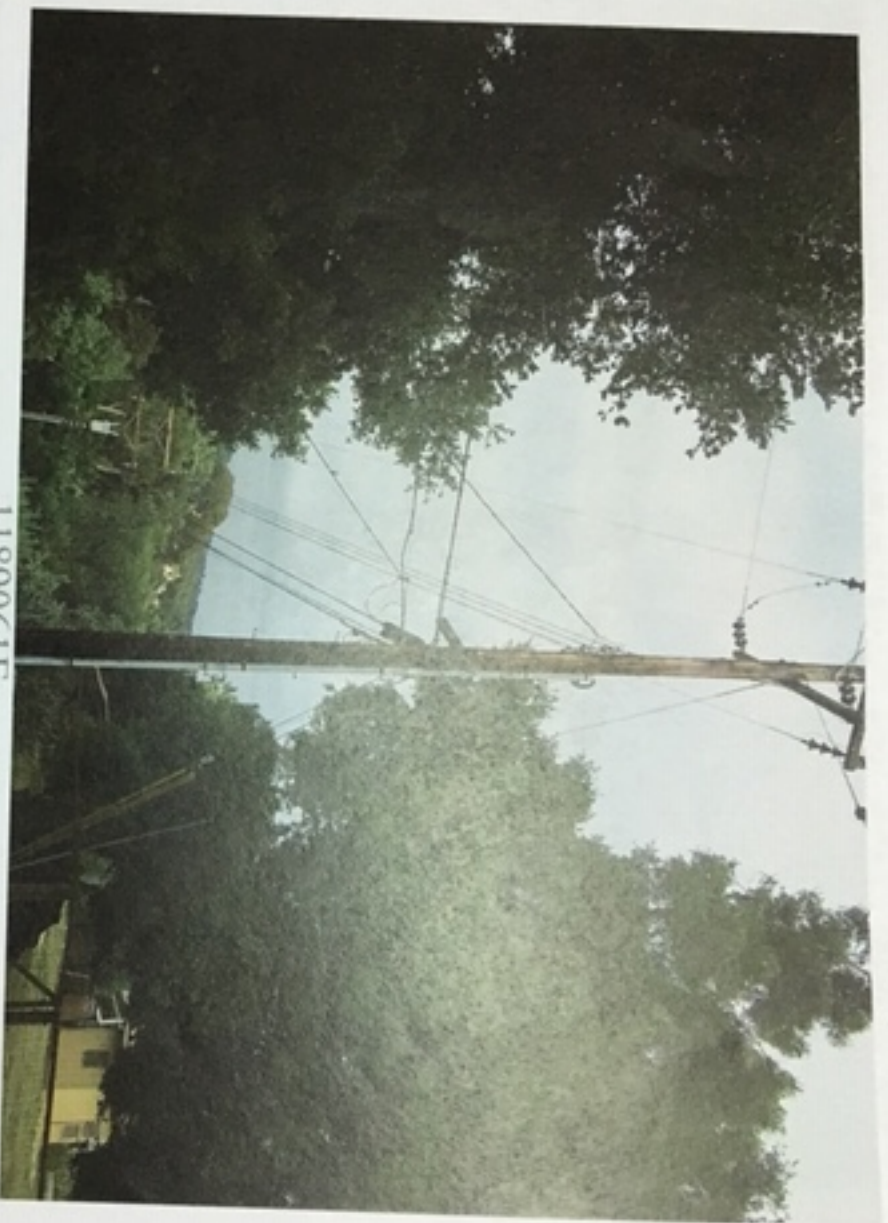
Referred to contractor: ☐ No ☐ Yes, Date: \_\_\_\_\_ Company: \_\_\_\_\_

Follow up status: ☐ Week 1 \_\_\_\_\_

☐ Week 2 \_\_\_\_\_

☐ Week 3 \_\_\_\_\_





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