

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:*	Thomas Oliva
Department:*	Hot Line Construction Inc.
Pax:*	N/A
Cell Number:*	213-216-0938
Email Address:*	toliva@hotlineconstructioninc.com

SAP Accounting Number*	TD1495601
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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):

One composite pole, 35' class 2, 437 lbs 34°26'42.72"N 119°35'59.36"W

General Operating Location	Santa Barbara
District	D49
LZ Coordinates (if known)	34°26'48.92"N 119°35'49.01"W
Pick-up location for passenger flights	N/A
Drop-off location for passenger flights	N/A

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

Authorizer	
Authorizer PAX and cell number	

**required information*

[Click to e-mail form](#)

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 _____



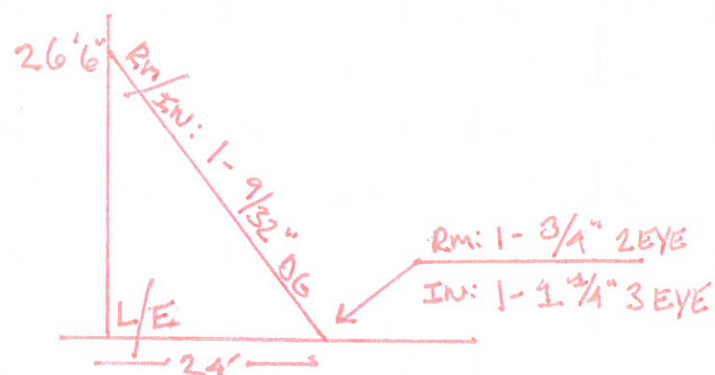
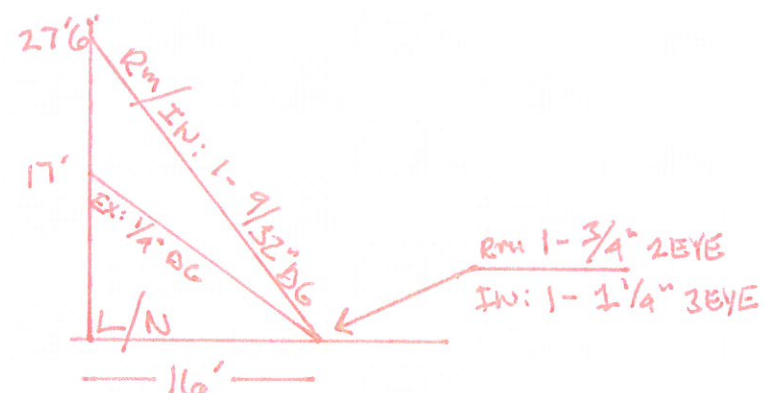
Comments



Comments

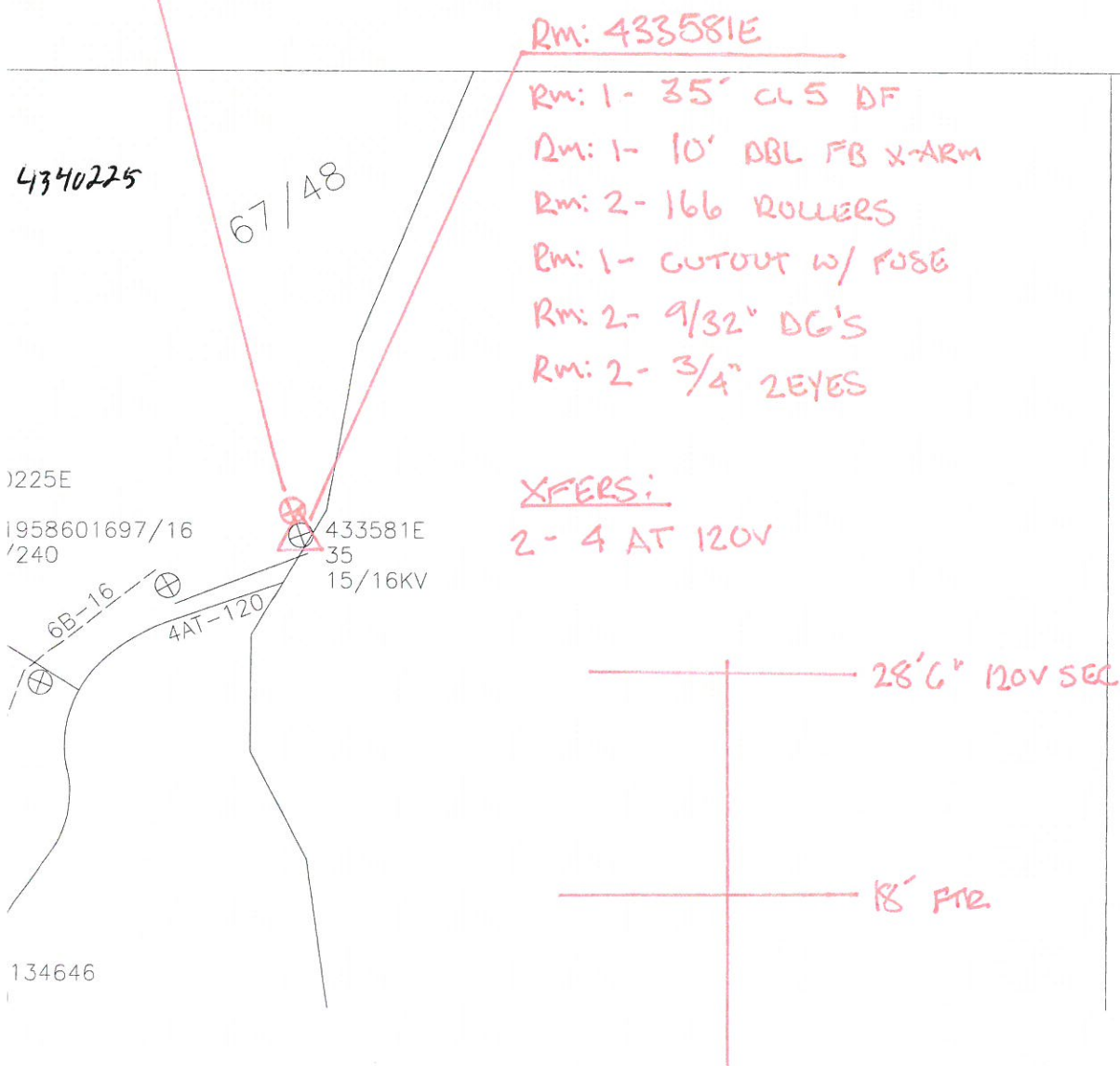
DET POLE 1' NORTH
E TO GUT 7'
STR TO PTD
TREE TRIMMING REQ
IM IDLE XFMR

IN: 1- 35' CL 2 Composite
IN: 2- 166 BOLLERS
IN: 2- 9/32" DOWN GUYS
IN: 2- 1 1/4" 3EYE



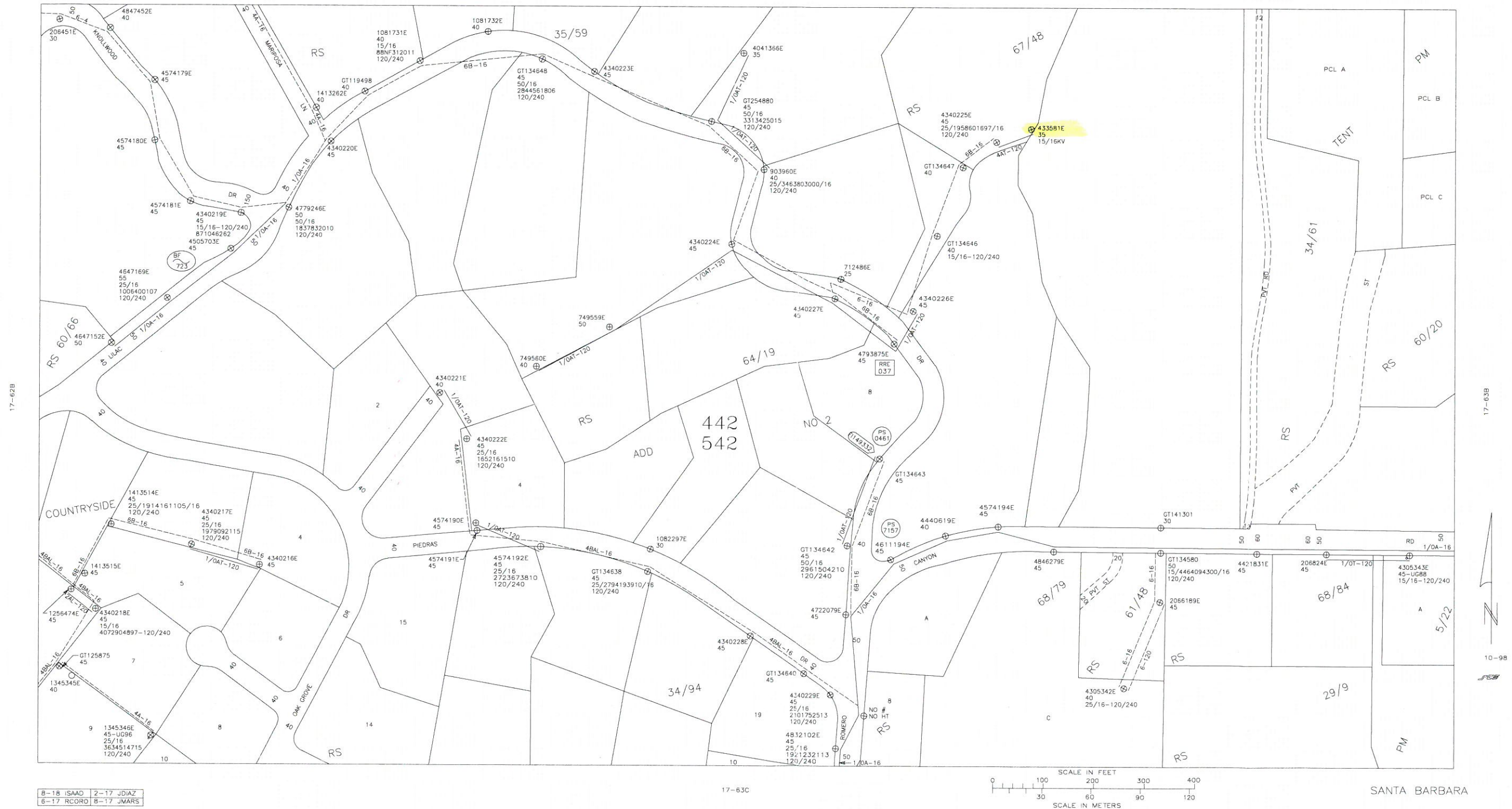
SANTA BARBARA CO. 17-63A

<u>PROJECT REQUIREMENTS</u>		<u>(Y/N)</u>
EDISON EASEMENT REQUIRED		N
PWRD 88 REQUIRED		N
PERMIT REQUIRED		N
PERMIT TYPE:		
OUTAGE REQUIRED		N
OUTAGE DATE:	Time:	
TRAFFIC CONTROL REQUIRED		N
PED. TRAFFIC CONTROL REQ'D		N
CONVEYANCE LETTER REQ'D		N
ENVIRONMENTAL CLEARANCE REQ'D		Y
CSD 140 (TLM) REQ'D		N



34/61

PLANNER: KEEGAN		JOB NAME: POLY REPLACEMENT		FOREMAN:		DISTRICT: 419 Santa Barbara	
DWO:		JOB LOCATION: 945 LILAC DR		TRUCK NO		P/E:	
DATE SENT TO R/W:		DIST. SKETCH:					
A.I. NO.: TD1495601		TLM-CSD 140 REQUIRED YES _____ NO _____		T.L.M. DATA: SIZE KVA CUST. LOAD		DRAWN BY:	
J.P.A. NO.: E6049-40985481		GRID NO. THOMAS MAP		EXIST. PROP. 15 0 0 0		WORKED BY:	
RELATED W.O.:		VOLTAGE DROP _____ %		PRI. CIRC.:		INV. MAP NO.'S 17-63A	





Bella Vista Dr

Romero Reservoir

34 26 48.92N 119 35 49.01W HELICOPTER LZ

POLE

Romero Canyon Rd

Piedras Dr