

## 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:*				
Department:*				
Pax:*				
Cell Number:*				
Email Address:*				
Eman Audress.				
SAP Accounting Number*				
				_
		Flight Description	<u>n</u>	
Please choose a mission type:				
□ Camera – HD/IR		Line String		Pole-set
		Passenger Passenger		Recon
		Patrol		Training
□ External Load □ HEC		Photo		Need more info, please coi
ii iiic	Ш	1 11010	Ш	Need more mio, please cor
Consuel On susting Leasting				
General Operating Location District				
LZ Coordinates (if known)				
Pick-up location for passenger	r flights			
Drop-off location for passenge				
	-			
Date(s) for which service is re-	quested			
Time of Pick-up				
Approx. mission duration (if l				
Back-up date for mission (if k	nown)			
Authorizer	1			
Authorizer PAX and cell num	per			
*required information				
For office use only		<b>5</b> . ***	. 1.0	26.1
Date Received by Aircraft Operations:		Date Initial Contact Made:		
Referred to contractor:   No Ye	es, Date:	Comp	pany:	
Hollow up status = Wools I				
□ Week 2 □ Week 3				



