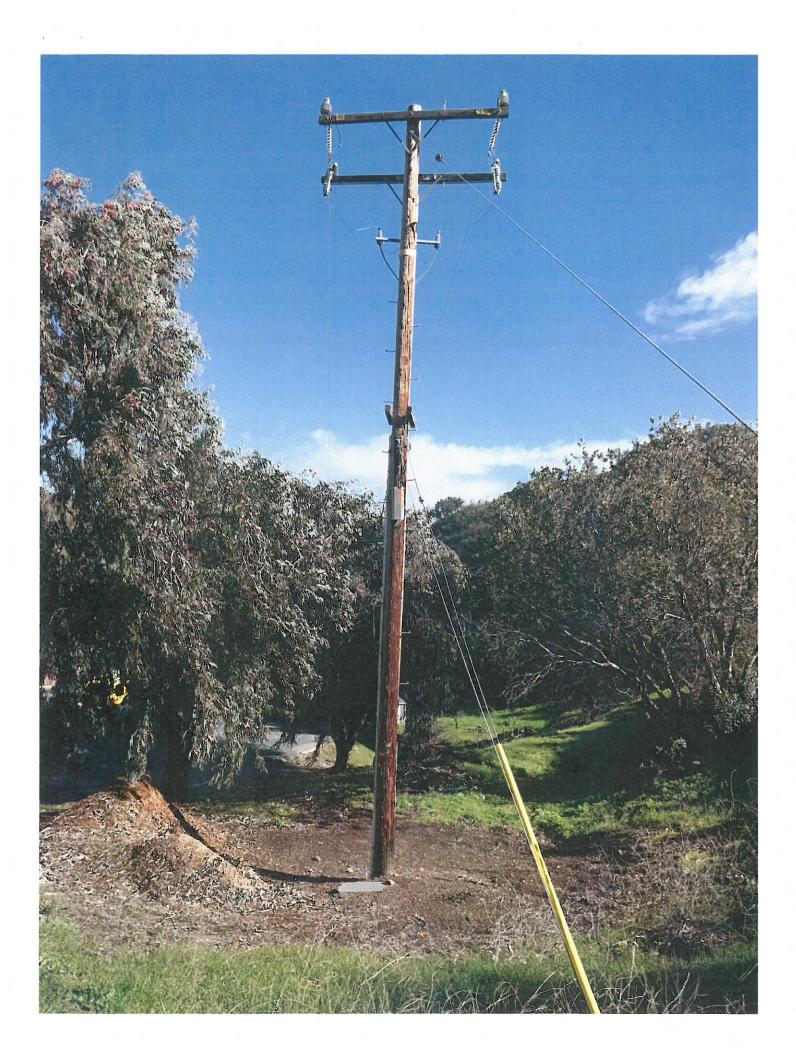
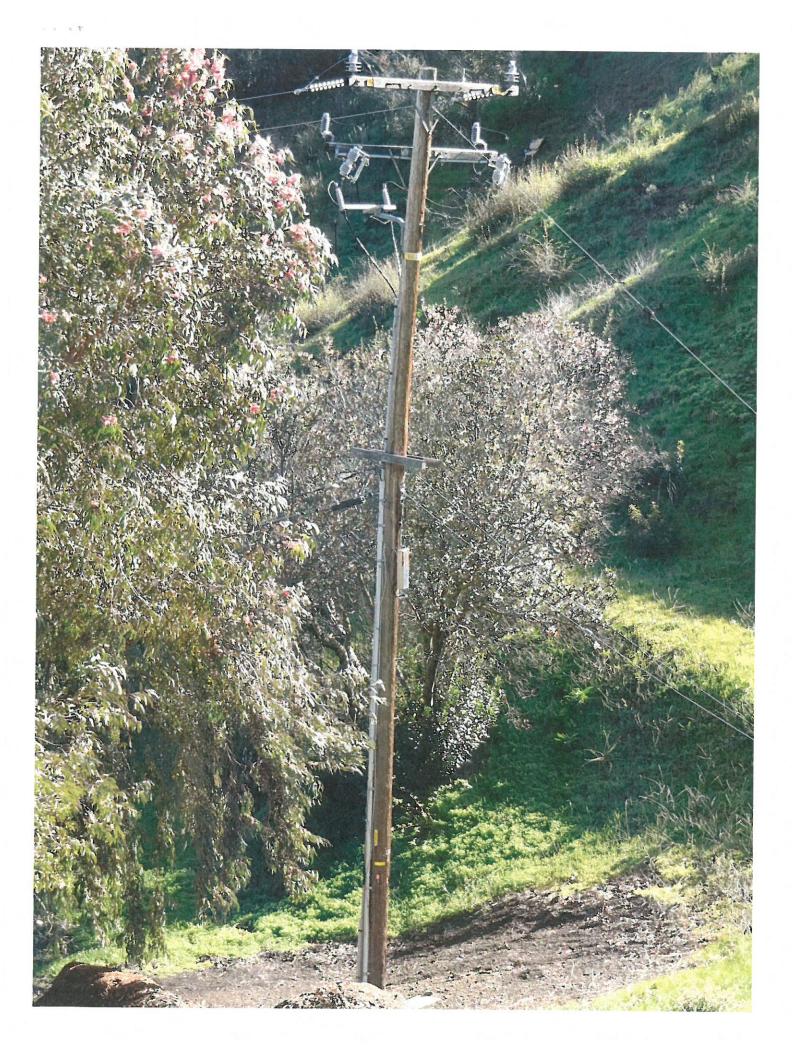


SCE Aircraft Operations Flight Request Form

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 Inform	<u>ation</u>		
Flight requested by:*		Thomas Oliva				
Department:*		Hot Line Construction Inc.				
Pax:*		N/A				
Cell Number:* 2		213-216-0938	213-216-0938			
Email Address:*		toliva@hotlineconstructioninc.com				
SAP	Accounting Number*	TD1500098				
			Flight Description	<u>on</u>		
Please	e 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 cont	
Missi	on anosifia details (ov.	D		1.2.2		
Mission specific details (ex: Passenger name, pole size/weight, external load type, etc): One wooden pole, 45' class 2, 1,560 lbs 34*27'22.31"N 119*34'06.53"W						
General Operating Location		Santa Barbara				
District		D49				
LZ Coordinates (if known)			TBD			
Pick-up location for passenger flights			N/A			
Drop-off location for passenger flights			N/A			
D 4 6	\ C 1:1					
Date(s) for which service is requested				cheduled with G	Guardian, will work under his outage.	
Time of Pick-up			N/A			
Approx. mission duration (if known)						
васк-	up date for mission (if	known)				
Autho	prizer					
Autho	orizer PAX and cell nu	mber				
*requi	ired information				Click to e-mail form	
For of	fice use only					
Date Received by Aircraft Operations:			Date Initial Contact Made:			
Referred to contractor: No Yes, Date:			Company:			
Follow up status: Week I						
	□ Week 2					
	□ Week 3					





SHEFFIELD 16 KU CARANTERIA TO 1500098

LREW NOTES.

- SAME HOLE SET
- TRANSFER ALL BH WIIZES
- Transfer L.A'S

LEFT GATE, GOL CODE: HH 4607

JAY@ 1204 Toro CYN PHONE#: 805.969-1841

VEDICIEN/ Y

