

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:* | | | | |
| | | | | |
| SAP Accounting Number* | | | | |
| | | Flight Descriptio | n | |
| Please choose a mission type: | | rugut Descriptio | <u>11</u> | |
| Trease enouse a mission type. | | | | |
| □ Camera – HD/IR | | Line String | | Pole-set |
| □ Crew support | | Passenger | | Recon |
| □ External Load | | Patrol | | Training |
| \Box HEC | | Photo | | Need more info, please co |
| General Operating Location District | | | | |
| LZ Coordinates (if known) | | | | |
| Pick-up location for passenge | er flights | | | |
| Drop-off location for passeng | | | | |
| | | | | |
| Date(s) for which service is re | equested | | | |
| Time of Pick-up | | | | |
| Approx. mission duration (if Back-up date for mission (if I | | | | |
| Dack-up wate for imssion (if b | MOWII) | | | |
| Authorizer | | APPROVED | | |
| Authorizer PAX and cell number | | By Omar Sharif at 6:17 am, Nov 21, 2019 | | |
| *required information | | | | |
| Referred to contractor: No Yes, Date: Follow up status: Week 1 | | Date Initial Contact Made: Company: | | |
| □ Week 2 □ Week 3 | | | | |
| □ week 3 | | | | |

