

## 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*	-			
STATE TARGET WITH THE TARGET				
		Flight Description	n	
Please choose 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 con
General Operating Location District LZ Coordinates (if known) Pick-up location for passenge Drop-off location for passenge	ger flights			
Date(s) for which service is r Time of Pick-up	equestea			
Approx. mission duration (if	known)			
Back-up date for mission (if	,			
Zuon up unic ivi mission (ii				
Authorizer Authorizer PAX and cell nur	nber			
*required information				
Referred to contractor: □ No □ Yes, Date: Follow up status: □ Week 1		Date Initial Contact Made:Company:		
□ Week 2 □ Week 3				
□ WEEK 3				

