

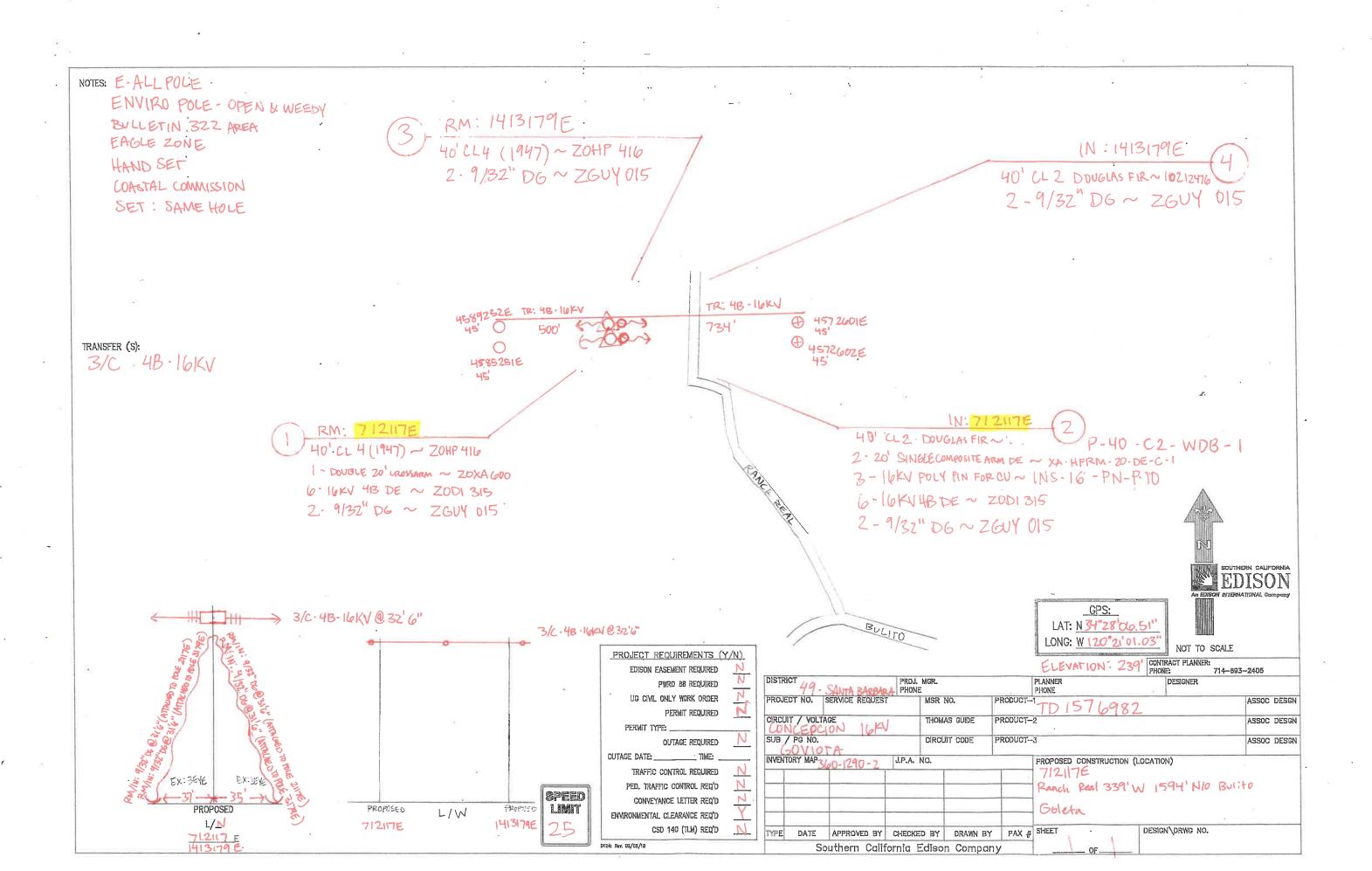
SCE Aircraft Operations Flight Request Form

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

Flig	ht requested by:*				
Dep	artment:*				
Pax					
Cell	Number:*				
Ema	ail Address:*				
CAR	A A A A A A A A A A A A A A A A A A A				
SAP	Accounting Number*				
			Flight Descriptio	\n	
Plea	se choose a mission type:		Inght Description	<u>, 11</u>	
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	External Load		Patrol		Training
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Dro	p-off location for passeng	ger flights			
	e(s) for which service is re	equested			
	e of Pick-up	1			
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Бас	k-up date for mission (if l	known)			
Aut	horizer				
	horizer PAX and cell nun	nber			
	uired information				
Referred to contractor: No Yes, Date: Follow up status: Week 1			Date Initial Contact Made: Company:		
	□ Week 2				
	□ Week 3				-





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