

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

			requestor inform	iation	
Flight requested by:*		GREG	GARCIA		
Depart	tment:*				
Pax:* 00000		00000			
Cell Number:* 661-864		- 5671			
THE PERSON NAMED IN COLUMN 1		ge dusi 1. com			
CADA	A DESCRIPTION OF THE RESERVE AND A SECOND OF THE RESERVE A	-	,		
SAP A	ccounting Number*				
Please choose a mission type:					
	Camera – HD/IR		Line String		Pole-set
	Crew support	DEC-	Passenger		Recon
母	External Load		Patrol		Training
汉 :	HEC		Photo		Need more info, please contact
LEPLA GE	I specific details (ex: I	5 62	3 H- 8772		al load type, etc):
General Operating Location			34. 178271 ,-117. 092119 + 1 POLE ENGLY DIRECTION		
District			31-REDLALOS		
LZ Coordinates (if known)			34. 1894833, -117. 092725 -OR- 34. 20064M4 -117.093435		
Pick-up location for passenger flights			SAME		
Drop-off location for passenger flights			SAME		
Data(a)	for which coming in	4 . 1	1.00		
Date(s) for which service is requested Time of Pick-up			ANY AVAILABLE DATES		
Approx. mission duration (if known)			0900		
Back-up date for mission (if known)			ANY DATE AFTER 1015		
Back-up date for mission (if known) Any OATE AFTER 1015					
Authoria	zer				
Authorizer PAX and cell number					
*require	d information				Click to e-mail form
Date Rece Referred t	status: Week I	es, Date:	Com	oany:	Made:







