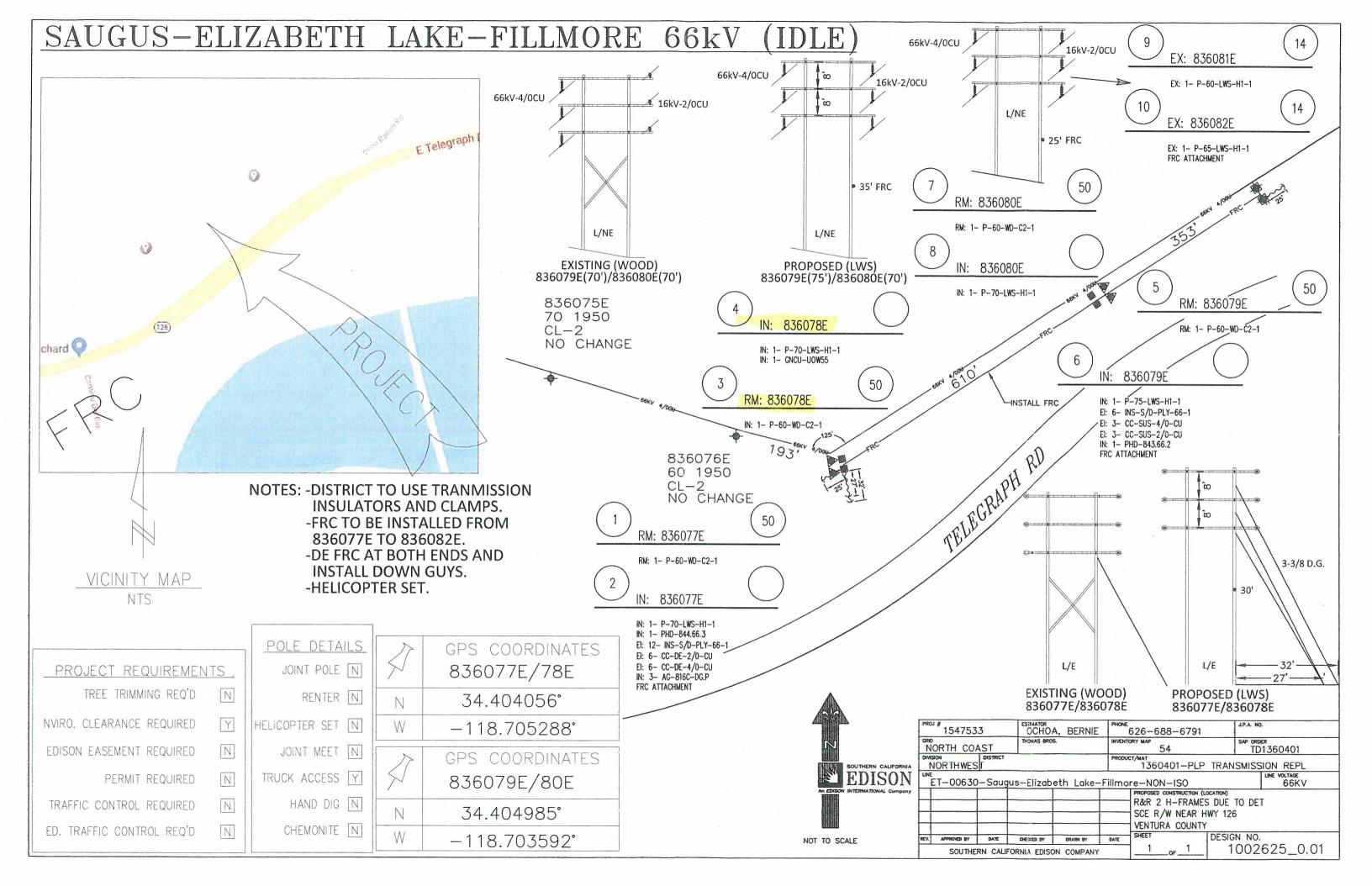


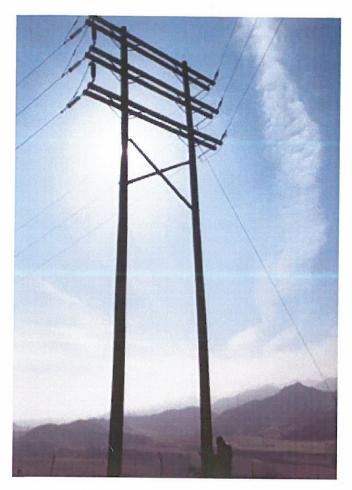
## SCE Aircraft Operations Flight Request Form

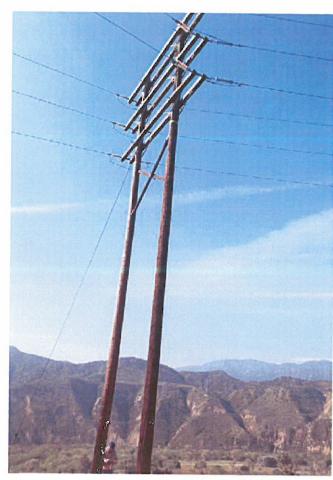
Instructions: Please complete this form in its entirety and email to: <u>airops@sce.com</u> or fax to 909-974-4678. Once this form is received by Aircraft Operations, you will receive a response within 24 hours. For questions call SCE Aircraft Operations Dispatch at PAX 11676.

## **Requestor Information**

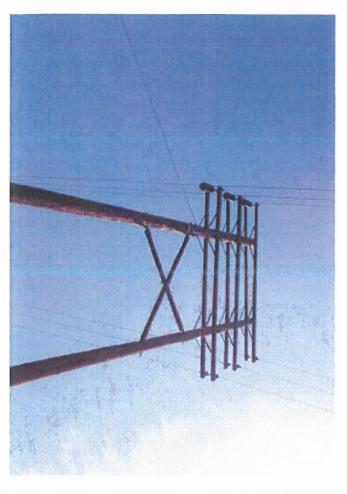
|  | _ |                    |       |                                |
|--|---|--------------------|-------|--------------------------------|
| Flight requested by:*  |   |                    |       |                                |
| Department:*   |   |                    |       |                                |
| Pax:*  |   |                    |       |                                |
| Cell Number:*  |   |                    |       |                                |
| Email Address:*  |   |                    |       |                                |
| CAD Assembling Number's  |   |                    |       |                                |
| SAP Accounting Number*   |   |                    |       |                                |
|  |   | Flight Description | nn -  |                                |
| Please choose a mission type:  |   |                    |       |                                |
| □ Camera – HD/IR   |   | Line String        |       | Pole-set                       |
| □ Crew support   |   | Passenger          |       | Recon                          |
| □ External Load  |   | Patrol             |       | Training                       |
| $\Box$ <b>HEC</b>  |   | Photo              |       | Need more info, please contact |
| General Operating Location District LZ Coordinates (if known) Pick-up location for passen Drop-off location for passer  Date(s) for which service is |   |                    |       |                                |
| Time of Pick-up  |   |                    |       |                                |
| Approx. mission duration (if known)  |   |                    |       |                                |
| Back-up date for mission (if   |   |                    |       |                                |
| 1 022 (  | , |                    |       |                                |
| Authorizer Authorizer PAX and cell number  |   |                    |       |                                |
| *required information  |   |                    |       |                                |
| □ Week 2   |   | Com                | pany: |                                |
| □ Week 3   |   |                    |       | <del>_</del>                   |

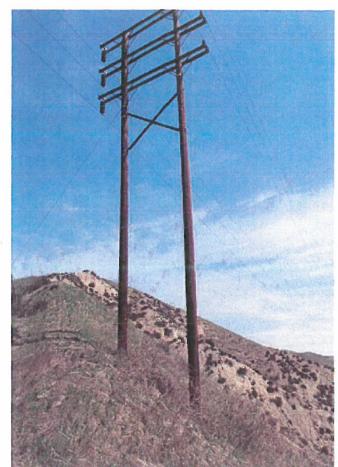


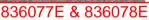


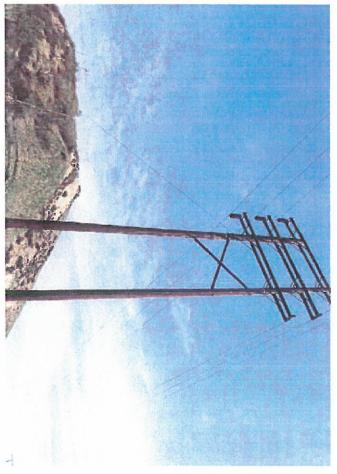


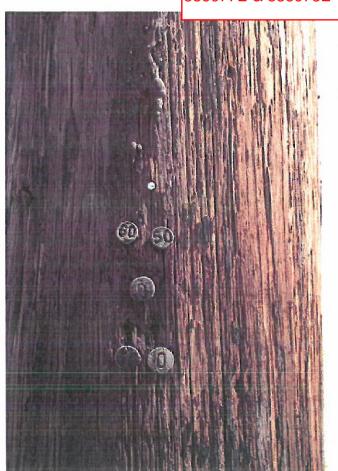
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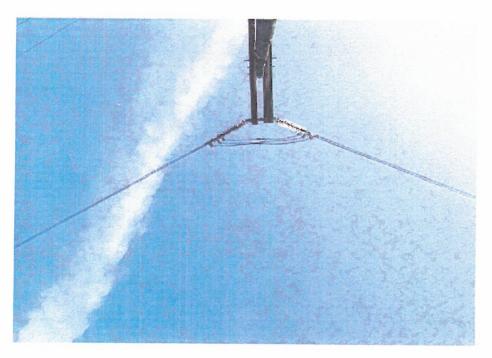




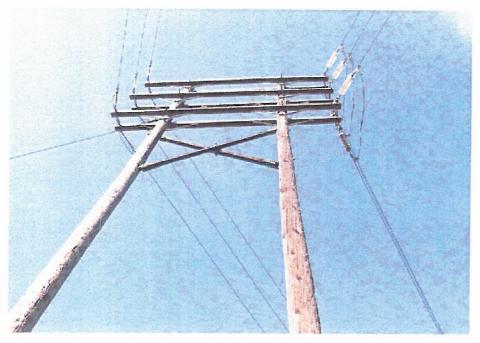


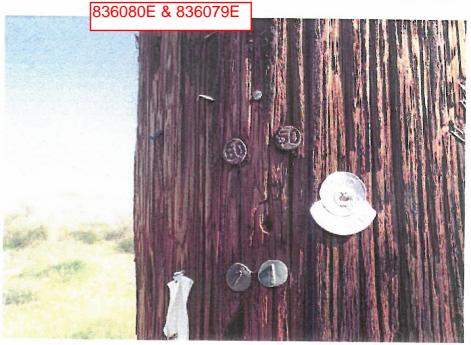


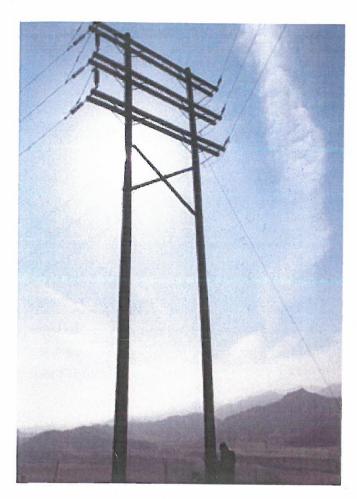


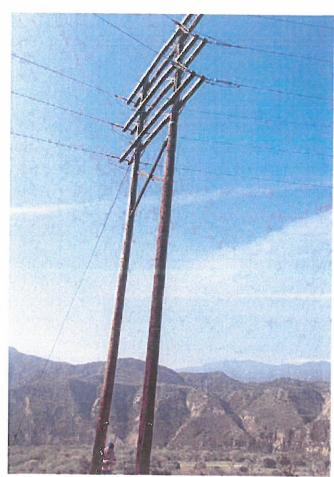












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