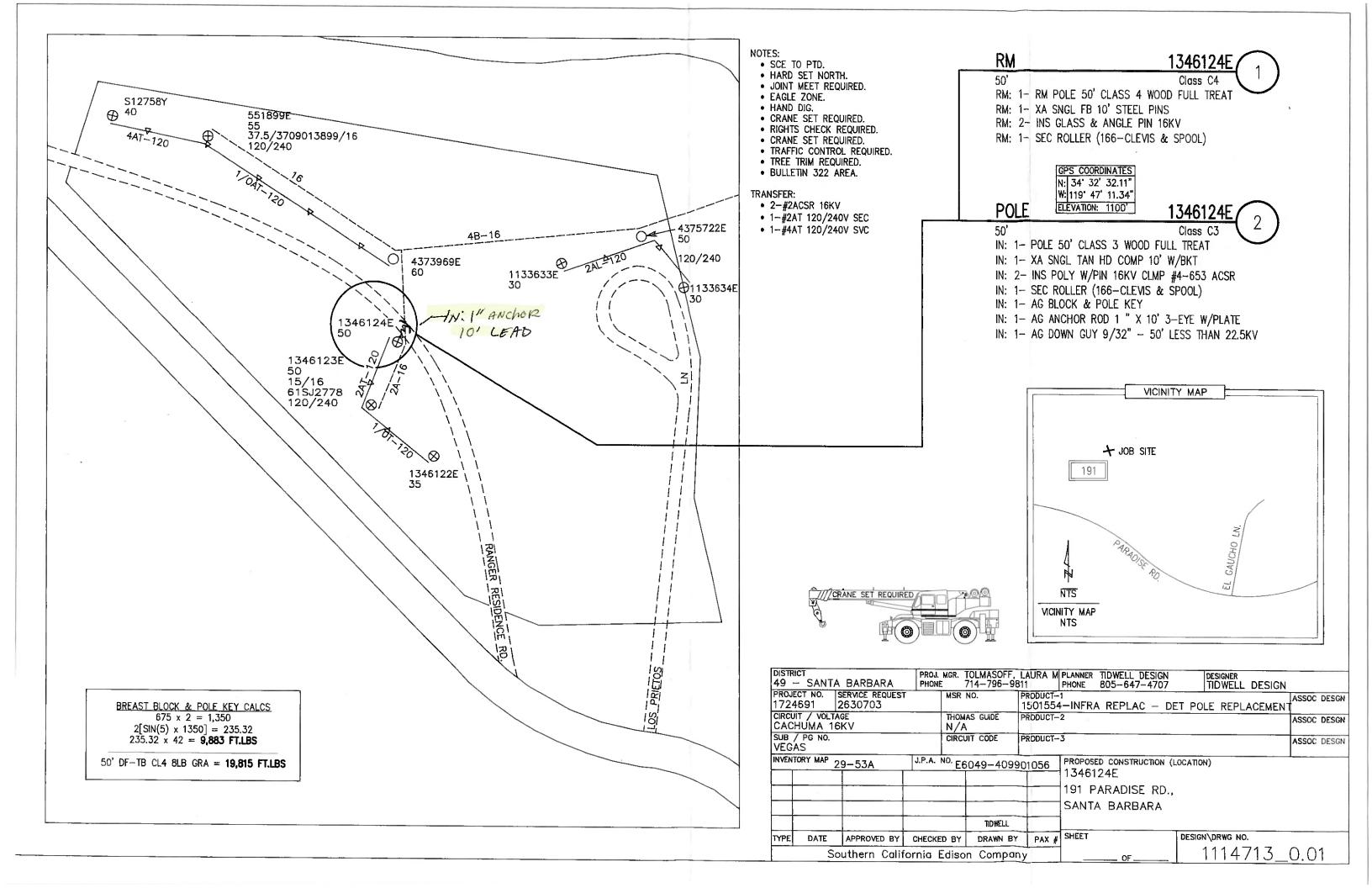


SCE Aircraft Operations Flight Request Form

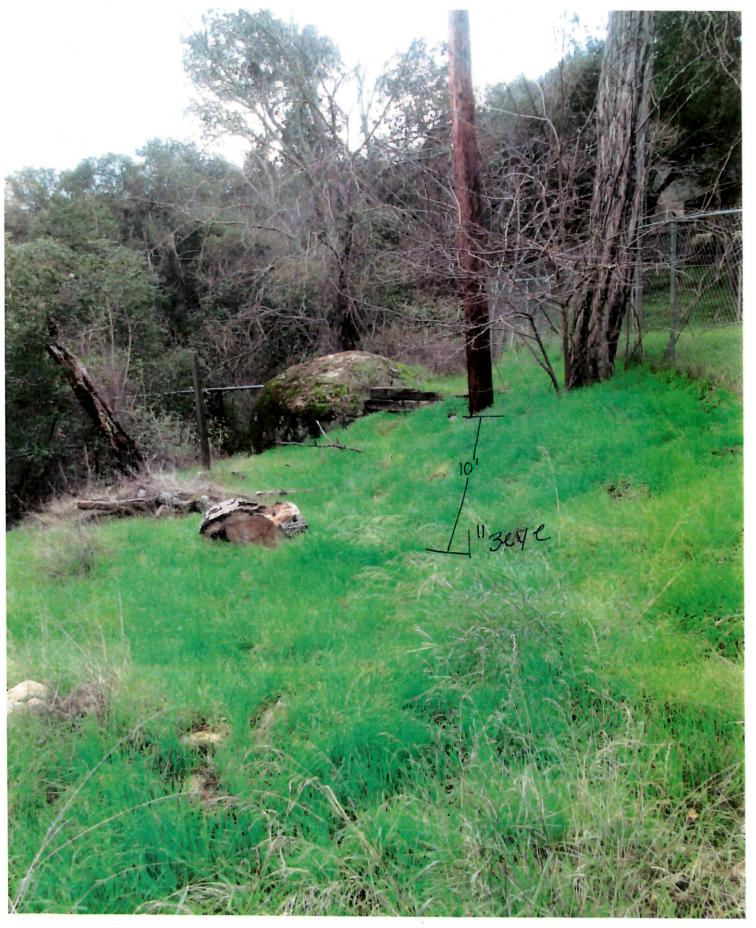
Instructions: Please complete this form in its entirety and email to: <u>airops@sce.com</u> or fax to 909-974-4678. Once this form is received by Aircraft Operations, you will receive a response within 24 hours. For questions call SCE Aircraft Operations Dispatch at PAX 11676.

Requestor Information

| Flight requested by:* | | | | · |
|---|----------|-------------------------------------|-----------|---------------------------|
| Department:* | | | | |
| Pax:* | | | | |
| Cell Number:* | | | | |
| Email Address:* | | | | |
| | | | | |
| SAP Accounting Number* | | | | |
| | | El: -1.4 D:4: - | | |
| Please choose a mission type: | | Flight Description | <u>on</u> | |
| Trease encose a mission type. | | | | |
| □ Camera – HD/IR | | Line String | | Pole-set |
| □ Crew support | | Passenger | | Recon |
| □ External Load | | Patrol | | Training |
| □ HEC | | Photo | | Need more info, please co |
| General Operating Location District LZ Coordinates (if known) Pick-up location for passenge Drop-off location for passenge | | | | |
| ziop on roundarior pussong. | <u> </u> | | | |
| Date(s) for which service is re | quested | | | |
| Time of Pick-up | | | | |
| Approx. mission duration (if l | | | | |
| Back-up date for mission (if k | nown) | | | |
| Authorizer | | | | |
| Authorizer PAX and cell num | her | | | |
| *required information | ואכו | <u> </u> | | |
| For office use only Date Received by Aircraft Operations: Referred to contractor: No Yes, Date: Follow up status: Week 1 | | Date Initial Contact Made: Company: | | |
| □ Week 2 | | | | |
| □ Week 3 | | | | |



<u>1346124E</u>



Dist.49 Deteriorated Pole L/S