

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*				
Dleage change a mission type.		Flight Description	<u>on</u>	
Please choose 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 passenger				
Drop-off location for passenge	er flights			
Date(s) for which service is re	anested			
Time of Pick-up	740000			
Approx. mission duration (if l	known)			
Back-up date for mission (if k				
Authorizer				
Authorizer PAX and cell num	ber			
*required information				
Referred to contractor: □ No □ Yes, Date: Follow up status: □ Week 1		Date Initial Contact Made: Company:		
□ Week 2 □ Week 3				
□ week 3				



