

## 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
□ <b>HEC</b>		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				

