

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*				
SAI Accounting Number				
Places chaose a mission type		Flight Descriptio	<u>n</u>	
Please choose a mission type:				
□ Camera – HD/IR		Line String		Pole-set
□ Crew support		Passenger		Recon
□ External Load		Patrol		Training
\Box HEC		Photo		Need more info, please co
District LZ Coordinates (if known) Pick-up location for passenge Drop-off location for passenge Date(s) for which service is re	er flights			
Time of Pick-up				
Approx. mission duration (if	known)			
Back-up date for mission (if k				
,	,	ADDDOVE		
Authorizer		APPROVED		
Authorizer PAX and cell num	ıber	By Omar Shar	rif at 2:4	15 pm, Apr 07, 2020
*required information				
For office use only Date Received by Aircraft Operati Referred to contractor: □ No □ Y Follow up status: □ Week 1 □ Week 2	es, Date:	Date Initi	oany:	
□ Week 2				
□ Week 3				









