

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				
Please shoose 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	quested			
Time of Pick-up	lym avyy-a)			
Approx. mission duration (if labels Back-up date for mission (if k				
Dack-up wate for imposon (ii k	MUWII)	400001/5	'	
Authorizer		APPROVE	D	
Authorizer PAX and cell number		By Omar Sharif at 2:44 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	es, Date:	Comp	pany:	
□ Week 2				
□ Week 3				

CONCEPTION-16KV 0/0 GAVIOTA SUB







