

# Aircraft Operations Flight Request Form



If you have any questions, please call Aircraft Operations at : 909-974-4676

## - Requestor Information -

Flight Request ID: FR08480

FR\_by ☐ SCE: ☐ Contractor:

OR

Air Ops Use Only:

Requester Name: Spencer Kolander

SAP/TD Accounting No:

905184496

*\*Use commas to separate multiple numbers*

Requester Email: spencer.kolander@sce.com

Cell Number: 925-538-0833

i.e. (xxx) xxx-xxxx

Office Number:

i.e. (xxx) xxx-xxxx

Company Name

Company\_ContactName

Company\_Email

Company\_PhoneNumber

\* Department

Distribution

## - Approver Information -

Name: STEVEN PEREZ

Approver Title/Position (Director, Sr Manager, Etc): RCM

Email: STEVEN.PEREZ@SCE.COM

Mobile Number: 661-904-4399

## 2nd CONTACT

Name: SAL VALDEZ

Company Name: SCE

Email: SALVADOR.VALDEZ@SCE.COM

Mobile Number: 661-476-4024

## - General Flight Information -

District:

VALENCIA

General Area (closest City or Town):

VALENCIA

Flight Priority

N/A

\* Valley Fever Mitigation Areas



N/A



Fresno



Kern



Kings



Madera



Merced



Monterey



San Joaquin



San Luis Obispo



Santa Barbara



Tulare



Ventura

Red List Customer Proximity

Off

Sensitive Area:

N/A

LZ Type of Property:

Private Property

Passenger Pick-up Location (If applicable):

Passenger Drop-off Location (If applicable):

AT POLE

LZ Coordinates (if known):

34.525371, -118.322179

Requested Start Date:

10/2/2026

Requested End Date:

10/2/2026

Time of Pick-up

0800

**Note:** Flight Request(s) are not scheduled until Air Ops has sent confirmation notification

Approx. mission duration or number of days helicopter is required (if known):

4 HOURS/1 DAY



Hrs



Days



Weeks



M-F



Mon-Sat



7 days/week



Sat/Sun's Only



Other (explain in text)

## Flight Description

Please choose a mission type:

SELECTION REQUIRED

SCE Passenger(s): Off

External Load: Off

Crew Support: Off

Non-SCE Passenger(s): Off

Recon: Off

Pole Set: Off

Patrol: Off

Training: Off

HEC: On

**\*\* KMZ required for flight request to be processed \*\***

Imaging:

Line Stringing: Off

Line Vue: Off

LiDAR: Off

Approval Attachment Required ->>>



DAVENPORT APPROVAL.pdf



DAVENPORT HELO - 10-2.kmz

**Note:** Please remove the following characters from the file title before attaching and Zip large files and folders with multiple files: # ~ / \ : \* ? " < > | %

Please attach all Work Order Maps and Photos for Pole Sets

### Mission Specific Details

710847E 34.517009, -118.334154 REPLACE INSULATORS

Human External Cargo (HEC) - Approval must be obtained from:

Note:

OU Director or IC (unless Letter of Delegation is obtained)

Includes both SCE & Supplemental employees

### - Circuit Information -

1. Circuit Name:

DAVENPORT

Voltage:

16KV

2. Circuit Name:

Voltage:

3. Circuit Name:

Voltage:

4. Circuit Name:

Voltage:

5. Circuit Name:

Voltage:

[Click here to add more](#)

## - Flight Request HEC Justification -



Environmental restrictions/impact

- Additional notes/documentation needed



Tower Infrastructure operations

- Additional notes needed



Mid-span operations

- Automatic approval



Hazardous topography

- Additional notes needed



No access within reasonable walking distance

- Additional notes needed



operational efficiency

- Additional notes needed

### Notes

CREW NEEDS TO BE FLOWN IN TO COMPLETE WORK DUE TO ENVIRONMENTAL RESTRICTIONS AND HAZARDOUS TOPOGRAPHY